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EDITORS.

CONCERNING MALIGNANT GROWTHS.

We gave last week the outlines of a paper in which the extreme views of an ardent believer in the microscope were set forth, where bias was so marked as to show plainly the advocate and not the judge. It is rare indeed to find the clinician and the microscopist so happily mixed as to make his joint work peculiarly valuable. Paget is such an one, Bilothe is such an one; and of course they come here and there, when they make no startling revelations beyond the fact that all we know is that there is much yet to be known concerning the exact detection of disease. Outside of this conservative class there are two extremes: one which relies upon what it is pleased to consider clinical facts alone; and the other to whom, if clinical facts and practical ends ever present themselves, they are made to conform to the revelations of the lens. And so it was that we were delighted, in turning over the pages of the last published Transactions of the American Medical Association, to come across the paper of a man in whom the clinical and microscopical elements were so happily blended that you might look on his work and say here was a paper indeed. It is by Prof. Theodore McGraw, the excellent surgeon of Detroit, and it is upon the Diagnosis and Treatment of Malignant Growths. We propose to follow it pretty closely, for it has a healthy expression upon an all-important subject and teaches a good lesson outside.

Professor McGraw commences by saying

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how the old idea of the constitutional origin of malignant growths has been supplanted with most pathologists by the doctrine of the local origin of tumors; how this has led to more thoroughness in the execution of old methods; how, after all, ill success is still the rule, and that cancers will come back in spite of us; and he proceeds then to examine into the discrepancy which exists between the results of our practice and what we ought theoretically to obtain. It all lies in the fact that we are unable to determine the character of the growth in its early formation, before it has "become malignant by some kind of rapid cellular propagation," upon which history the modern theory of the local origin of malignant growths is based. In vain is the microscope of to-day in this pre-malignant field. If it could tell there what was going to happen—as the gentleman we quoted last week declared it could do in the only less malignant field of consumption—then might our triumphs be numbered by scores; but to say that a growth is malignant only when it has poisoned the springs of life, simply gives us the chance "to lead a forlorn hope against a successful foe." Clinically and microscopically, the early days of malignant growths are dark indeed. Says Dr. McGraw:

The early history of cancer is involved in great confusion of opinion, and we are not even in unison as regards its definition, nor have the various theories been as yet very fruitful, as far as diagnosis is concerned, in practical results. The attempt of Lücke to utilize the germ theory of Thiersch and Waldeyer for this purpose can not be credited with those rich fruits to which he has laid claim. Aside from the prominence which he has given to the frequent occurrence of certain tumors in definite regions of the body, he has added nothing to our means of diag-

nosis. His determination of the nature of a tumor as regards malignancy is based upon precisely the same clinical phenomena which have for years been the common property of the profession. *At present we have to say of all malignant growths that we do not as yet possess any means of positively diagnosing them in their early and curable stage. Indeed with certain forms the difficulty continues into their more mature life, and even the microscope will not always suffice to determine the doubt.*

And then he quotes Virchow to show that while in the latter stages "the clinical and microscopical diagnosis will usually concur," it is not always so, as in the difficulty of distinguishing the benign indurations of some of the fibroids of the breast from carcinoma, and then he discusses the old cancer-juice which has pretty well leaked out of existence, and comes at length to tell us that

"Thiersch has abandoned altogether the attempt to diagnose cancer by its histological characteristics, and insists upon the clinical event as the chief index of its nature," but still leaving for that instrument to tell us "with what growths the clinical course which we ascribe to cancer most commonly occurs."

We must leave Dr. McGraw here in this part of his paper, and not follow him in his discussion of the growths which alter their malignancy with their site, as we have had mazes enough, and come at once to his treatment. It is as logical as it is bloody. It takes no chances. It recognizes for once that with our present knowledge doubts will only be lifted by danger, and he "*insists upon it as a cardinal rule of surgery* that every tumor or induration which is not beyond all doubt of benign character should be promptly and completely destroyed." If it prove a benign growth, we have only, as a general rule, anticipated the day for an operation; if it be simply a chronic inflammatory swelling, such an one is not without its dangers; if it is going to be a cancer, we have saved a life.

But this is only one of the milder methods of attack, which none but the most abject temporizers might not sometimes follow. His thoroughness in later operations may not find so many imitators. In multiple primary tumors, occurring, for instance, in

both mammae, where "excision has been absolutely forbidden on the ground that this multiplicity was proof positive of constitutional infection," in the light of our present pathology may be regarded as examples of the "cancerous tendency" being "inherent only in the mammary glandular cells," and he advises prompt and simultaneous extirpation of both mammary glands."*

Dr. McGraw does not believe it is ever safe to leave skin enough to cover a cancerous wound. He would not trust to his fingers feeling through the skin to determine enlarged lymphatic glands, but would uncover them with his knife and explore. He would, in case the diseased axillary glands are matted with the blood-vessels, so as to prevent their extirpation, *amputate the arm at the shoulder with the breast*—in picked cases! Indeed, in a case of cancer in the thigh he amputated at the hip, and in later engagements with the recurrent disease cut away the flaps, tied the external iliac, and gouged away the acetabulum, and succeeded at length in getting his patient out on his leg.

These doctrines of Dr. McGraw are logical, we say; but the thought will force itself, is even human life worth so much?

And now we must stop. We had, in fact, only one object in view when we started out—to tell the present state of diagnosis in malignant disease as set forth by an able clinician and competent histologist. It is disheartening, to be sure, in one aspect; but it tells at least of one glorious field which may yet be won. It makes us the more satisfied with our surroundings. Here in Louisville clinical evidence, bad as it is in malignant disease, when evidence of its nature is most wanted, has so far outrun the evidence of the microscope that we began to doubt the efficacy of our experts, albeit

*A curious case in point has occurred in Louisville. Both mammary glands in a woman of forty-five, much enlarged and indurated by cancer, were excised by Dr. Cummins in 1875. They were again excised for recurrent growths by Dr. Cowling in 1876. Again for similar reason by Dr. Roberts in 1877 and 1878. The growths have not reappeared in site, and the patient is still alive, though apparently affected with carcinoma in the bladder. After each operation there were several months of comfort, and the woman eagerly insisted upon the excisions.

they did not doubt themselves, wrote beautifully and etched confidently. We freely now forgive them the past and wish them a more determinate future. Meanwhile we turn not ourselves away from symptoms.

WE make again our summer plea for children. We beg our brethren to do what they can by examples in their own families, and by their counsels without to protect these little ones, during July and August days, from being smothered by the poms and vanities and misdirected kindnesses of the good mothers in this wicked world. Comfort them at both ends—take off their hair and take away their shoes, if not in public at least at home. It will improve the growth of their locks and the shape of their feet. Preach the abomination of piqué dresses and flannel belly-bands and woolen jackets upon the eve of the dog-star and while it rages, and the misery to childhood always of spoilable clothes. Thin muslins for girls, with underskirts and bodies reduced to the minimum of the Augustan era. Straw hats (a little torn the better); brown linen jackets; cottonade breeches; unpleated shirts; and hazy underwear, if any at all, for boys. Who can measure the delight of these to be ready at a glance to invade any puddle, or their pride at being first in the stream? And what doctor can declare that the gratification of these natural desires does not tend to health?

Such delights by day; and when night comes, O mothers, spread above your little ones but the canopy of the mosquito-net. It is nature's foot which kicks the cover when the thermometer rises, and your anxious wakings during the nights of these thousands of years—since Cain and Abel were cradled in the long grass—were only to upset its efforts at self-preservation.

There are two great factors in disease—cold and heat—and one is not greater than the other. Natural instinct is taken as a guide against one, but common sense seems to desert when the other is upon us.

A WRITER in the Frankfort Yeoman who signs himself T O., has in two communications rather severely criticised the inscriptions on the McDowell monument. He is also shocked that the remains of McDowell are to be removed from their resting-place in a field of his old homestead and taken a few miles to Danville, the scene of his labors. He is of the opinion that a cenotaph would have done. So are we; but we suppose the committee had proper reasons for its action. We believe indeed that McDowell's grave was in a neglected spot, and where it was not likely to receive any attention in the future, whatever present care were exercised.

As to the inscription, we think the criticisms of T. O. are altogether too severe. The particular point complained of is the use of the word "located." While we perfectly agree with him that it is not classic English, American custom has long since sanctioned it; and even if it had not, it hardly justifies such sentences as these:

An inscription that is untrue in any of its statements, that offends our religious belief, or wounds the innate sensibilities of mankind—an inscription that is incorrect or inelegant, not to say vulgar, in any of its phraseology—such an inscription testifies positively of the rudeness of the age and people that it commemorates. That a society pretending to embody in itself the cream of one of the learned professions of Kentucky should have produced so lame and impotent a conclusion is mortifying to our state pride.

That such a society could not have done better of themselves is melancholy; but that they should not have had sufficient intelligence to appreciate their own incapacity for their enterprise, and to seek elsewhere for aid and counsel, is unpardonable.

To corrupt the public taste is to undermine public morals.

It only remains, then, for the faculty of Center College to call for the impanelment of a grand jury of literati, in behalf of the Republic of Letters, to inquire into the matter in case the civil authorities ignore it.

We think he shows better philosophy when he declares that "a slip of the burin is quite beyond the range of criticism." What is writ is writ; and if it does not suit all parties, let us take the will and the deed for

the word, and apply the principle of the "*nil nisi bonum*" to their monuments as to the dead.

So far kindly. But when the critic is led away by his zeal for learning into applying such harsh criticism to the profession of Kentucky—whose organ we aim to be—and has deemed it unpardonable that in "its own incapacity" it did not "seek elsewhere for aid and counsel," we are disposed to charge him with a breach of good manners, which likewise "undermines public morals."

We beg for the Kentucky profession one more chance at an inscription; and should we be appointed for the task, we shall be happy if T. O. will furnish us with something more definite as to his name and fame, to put one on his tombstone, when he goes hence, of such Johnsonian rotundity as to satisfy the most learned of his executors.

ACCORDING to a correspondent of the New York Tribune, cremation is gaining ground in Paris. He applauds the custom for that city, as burial is expensive and space for graves is scarce—so scarce, indeed, that in the Père la Chaise Cemetery many graves are let for a period of years only, after which times the "remains" are at the disposal of the city. He alludes to the custom among many of the Parisians to pay tribute to their dead with paper violets and tin roses, and rejoices that such factitious sentiment will be done away with when cremation becomes the fashion.

Over the greater portion of the world the method of disposal of the dead is chiefly a matter of sentiment. Where there is breadth and depth for graves, burial is certainly the most natural method, and it is not likely to be changed. Necessity may compel it in Paris, and we quite agree with the correspondent referred to in his approval of a change which will destroy much false sentiment and preserve more that is real. So, too, in New Orleans cremation must in time become the received method. The account of the graveyards as given by the commis-

sioner of health and published in a late number of the New Orleans Medical Journal is sickening. The water lies a foot or two below the soil, and the coffins can scarcely be covered. The result is that the rains often expose them, and the stench in the neighborhood is sickening. Such a state of affairs as this is destructive alike to the sentiment, morals, and health of the community, and burning is the only practicable relief.

Original.

A CASE OF OPIUM-POISONING.

BY T. D. NICHOLS, M. D.

I was called at half past one o'clock, on the evening of May 18, 1879, to see Mr. B., who was reported by the messenger to be "so sound asleep that it was not possible to arouse him." In less than five minutes after receiving the summons I was at the bedside of my patient, to find him in a condition of most imminent peril. From the history of the case, and from the well-defined symptoms, it was obvious that he was almost overwhelmingly narcotized with opium. Seeing the urgent necessity for prompt, vigorous, and well-directed treatment, I dispatched a runner hurriedly for Dr. Jno. S. Shibley, who came quickly to my assistance and rendered valuable help throughout the treatment of the case.

History.—The evidence elicited revealed the following facts: Mr. B., who is about fifty years of age, of average physical constitution and of healthful habit, had for several days prior to this time been a subject of continued alcoholic intoxication; indeed there is no doubt but that at the time he took the poisonous dose he was so drunk as to be scarcely able to walk. About three hours previous to the time of our visit he had swallowed three fourths of an ounce or more of the tincture of opium. It was also ascertained that he had taken morphine at different times during the preceding day and night. He is not an "opium-eater" nor is he an habitual inebriate.

Symptoms.—Respirations from one to four per minute, very irregular and stertorous; pulse 150 per minute and very feeble; pupils closely contracted; extremities cold; the skin cyanosed. Titillation of the fauces

and of the conjunctiva failed to excite the slightest reflex muscular contractions. The symptoms pointed unerringly to a rapid and almost complete failure of the vital force, and to the certainty of the speedy death of our patient, unless some powerful means of restoration were resorted to without delay.

We began the treatment by administering hypodermically the sixtieth of a grain of atropia and the twentieth of a grain of digitalin dissolved in a dram of dilute alcohol. A few minutes after this dose had been administered it was apparent that his respiration had entirely ceased. His pulse was now barely perceptible, and so rapid as to scarcely admit of being counted. In this emergency we at once resorted to artificial respiration, giving preference to the method of Marshall Hall; and at the same time another dose of atropia and digitalin similar to the first one was administered hypodermically. A short time after the administration of this dose it was noticed that his respiratory movements had returned and were beginning to improve, and his pulse was found to be considerably increased in volume and in strength, and it was not nearly so rapid, having declined to 120 pulsations per minute. It was noticed also that the cyanotic hue of the skin was giving place to a more lifelike appearance.

One hour from the time of our arrival the third dose of a sixtieth of a grain of atropia and a twentieth of a grain of digitalin was administered in the same manner as were the previous doses. Artificial respiration was kept up for half an hour longer, and then discontinued, as it was believed to be no longer required, as his respirations had increased to eight and his pulse declined to eighty per minute, and both had undergone a marked improvement in strength and volume.

The patient was now able to swallow, and we gave him a large tablespoonful of ground mustard and a teaspoonful of common salt in a teacupful of warm water, and after the lapse of two or three minutes another cupful of warm water was given him, but we failed to induce vomiting.

At the expiration of two hours from the time the first dose was given we administered by the mouth a dram of the officinal tincture of digitalis and the sixtieth of a grain of atropia. We had now given in all the fifteenth of a grain of atropia and three twentieths of a grain of digitalin, in addition to the dram of tinct. of digitalis which was given in the last dose. The symptoms con-

tinuing steadily to improve from this time on, we did not deem it necessary to give him any more of these medicines, and he was allowed to sleep quietly and undisturbed for three hours longer; at the expiration of which time we prescribed twenty-five grains of cinchonidia, to be divided into six doses, and a dose of this was directed to be given him every three hours as a tonic, and it was also directed that he be induced to drink freely of fresh rich sweet milk from time to time.

The case continued to progress favorably, and in two days he was out walking about, with no evidence to remind him of the almost hopeless condition in which he had been placed, save severe soreness and some debility. It was feared for two or three days that one or two of the hypodermic punctures would result in the formation of abscesses, but such was not the case.

The points of particular interest to which I desire to call attention are embraced in the antagonistic action of atropia and of digitalis to the poisonous effects of opium, which I conceive was clearly demonstrated in this case.

It is a question that has not yet been definitely settled whether atropia is really beneficial in such cases or not, some claiming that its effects are stimulant, while others assert that they are sedative, and that when given in cases of opium-poisoning it would tend rather to complicate matters and to increase the debility than to exert any antidotal effects. From this latter view I am led, by the happy result of the treatment in this case, to dissent. For although it probably is true that atropia in heroic doses of say from one fourth of a grain to one grain would have a deleterious influence, manifesting itself in the toxical or depressing effects of the medicine, yet this fact would not militate against its use nor detract from its power as an antidote when given in medium doses, no more than would the fact that alcohol when given in large quantity is a depressing agent, contravene its use in those conditions of the system that clearly call for stimulants.

I believe that the great good to be derived from the use of atropia in opium-poisoning comes through its stimulant effect on the nerves which control the respiratory movements, thereby increasing and continuing that function, and preventing impending death by asphyxia. And the indication for its employment is always in proportion to the impairment of that function. There

is no doubt also but that it acts beneficially by its stimulant and tonic effects upon the vasomotor nerves, thereby strengthening the whole circulatory system, and in that way preventing passive congestion of the various organs of the body, and more especially the brain, and as a consequent result that organ is rescued from a degree of anemia that would at once have stilled all vital action throughout the system.

The digitalis also has another witness in this case to its preëminent utility as a heart-tonic. This valuable medicine was formerly regarded as an arterial sedative, and this view was maintained for a long time, merely because in high or rapid states of the circulation its effects were known to produce a decided slowing of the pulse, resembling in this respect the action of *veratrum viride*. This erroneous opinion was based upon theoretical grounds, deduced from a false hypothesis, and is wholly without foundation in fact; for, contrary to the long-held idea that in febrile or inflammatory diseases there necessarily existed a sthenic condition, to which the rapidity of the pulse was regarded as a sure index, it is now definitely known and conceded that in these conditions of the system a rapid pulse indicates debility, and that the action of digitalis as a tonic is clearly shown by its effects in lessening the frequency of the heart's beats and in increasing in a proportionate degree the power by which it carries on its functions in supplying the various parts of the body with nutrient, life-giving blood.

The indication for the use of digitalis in opium-poisoning is made manifest whenever from asthenia there is a marked tendency to a failure of the heart to perform its functions with sufficient vigor to maintain a free circulation of the vital fluids in all the parts and tissues of the body. The pulse is a correct index to the state of the circulation; and no one need ever to be in doubt as to when it is proper to employ digitalis, if he will but heed the admonitions afforded by this unerring guide. It is necessary in such cases, when there is extreme exhaustion, as will be shown by a frequent and very feeble pulse, to prescribe the remedy in much larger doses than the medical profession who have inherited the faith of the fathers would be willing to risk. A dram of the officinal tincture may be given with impunity and repeated every half hour until increasing strength of the pulse gives evidence of returning energy of the heart; and this may be done, too, without fear of inducing that alarming pros-

tration which is said by some of the authorities to follow as an ultimate or cumulative effect of the medicine.

ROSEVILLE, ARK.

Correspondence.

SALICYLIC ACID.

To the Editors of the Louisville Medical News:

Having read Drs. Stillé, Long, and others on their experience with the above agent in rheumatism, I conclude to add a mite to it. Theory to the doctor in combating disease, unless experience goes hand in hand with it, will not do. I have fully tested salicylic acid in between ten and twenty cases and in all degrees, and have yet to see any benefit unless in a constitution predisposed to rheumatism and full of malaria. In such cases the acid is of considerable value. In two cases I first gave salicylic acid with good effect and in the same individuals. Later attacks, I had better results with quinine and pulv. ipecac. co.

Experience teaches me to rely more upon the alkaline course than any other; and of the alkaline salts, acetate of potash, given liberally till urine is alkaline, has had more control than the other salts.

CLOVERPORT, KY.

J. E. BROWN, M. D.

"BILIOUS FEVER."

To the Editors of the Louisville Medical News:

Please permit me a small space in your columns to communicate an article on one of the worst diseases that prevails in South Carolina during the autumnal months, viz. "bilious fever." As a practitioner of medicine, in the fall of 1878 I encountered many cases of malignant bilious fever. The majority of the patients that were attacked with the graver form of the disease were colored.

From a close observation of the aggravated cases I can attribute the disease to no other cause but the diet. On the plantations where I found the fever most frequent and of the worst type the laborers lived entirely, from the first of September to the first of November, upon home-made molasses. Now a few words upon the making of this food. The cane from which the juice is extracted is sometimes not permitted to ripen. The farmers, commencing on the crop so as to get through by frost, in many

cases commence preparing it green. Then in the boiling process it is not prolonged sufficiently to cook the syrup thoroughly. I therefore consider the molasses made by the process enough to create this fever, or at least it will produce the excitant cause; and furthermore, the complications which generally arise from this diet tend to foreshadow a grave prognosis. Worms are bred in the system to an alarming extent, oftentimes in such amount as to cause total obstruction of the alimentary canal.

I will not burden this article with individual reports and different treatments, but only state that I wish every physician who practices in the country where these surroundings are to notice the cases and see if I am not right.

J. H. MILLER, M. D.

LAURENS, S. C.

INGROWN TOE-NAIL.

To the Editors of the Louisville Medical News:

I have treated this very troublesome affection successfully with the ordinary spongent. My attention was first called to this mode of treatment, in the year 1878, while clinical assistant to the Kentucky Infirmary for Women and Children, by my friend Dr. David Cummins, who had used it successfully in some twelve cases at the above institution. Since then I have treated seven patients, effecting a cure in each case.

The operation is simple. A small wedge-shaped piece is cut and inserted under the ingrown part of the nail as far as possible. The size of the sponge is increased at each insertion, which is generally every third day. If there is a fetid discharge, the sponge is dipped in carbolyzed oil before using.

Having obtained such good results from this little operation, it is submitted to the profession for further trial.

LOUISVILLE.

JAMES McEVOY, M. D.

To the Editors of the Louisville Medical News:

Inclosed you will find what remains of a bug which was extracted from the external auditory canal of a lady of this village. She informs me that it entered her ear in 1871, where it has lodged ever since, causing no discomfort whatever except for a few weeks immediately subsequent to the intrusion of the unwelcome visitor, during which time it gave her some pain. The attending physician failing to get her consent at the time to submit to its removal, it has been her incessant companion for eight years. A few days

since, feeling an uneasiness about the ear, she requested a lady friend to examine it, which she did, and very readily detected the foreign body; and by the aid of that familiar instrument, a brass pin, which one of her sex manipulates with unprecedented skill, very dexterously removed the insect, which I present to you for dissection, if you wish. The lady is in perfect health apparently.

Moscow, Ky.

J. B. DILLON, M. D.

[It appears to us that the specimen belongs to the genus *Cerumen Induratum*.]

Reviews.

Manual of Examination of the Eyes: A Course of Lectures delivered at the École Pratique, by DR. E. LANDOLT, Directeur-adjoint of the Ophthalmological Laboratory at the Sarbonne, Paris. Translated by SWAN M. BURNETT, M. D., Lecturer on Ophthalmology and Otology in the Medical Department of the University of Georgetown, and Ophthalmic Surgeon to the Central Dispensary, Washington, D. C. Revised and enlarged by the author. Published by D. G. Brinton, 115 South Seventh Street, Philadelphia.

The author of this excellent work has succeeded in simplifying the subjects which he has put before the profession to such an extent as to render his book far superior to any thing of the kind that has yet appeared in print.

The plain, easy, and yet scientific manner in which Dr. Landolt presents the various subjects contained in his work is emphatically suggestive of an honest, earnest, astute student, and shows at once that the contents of the volume is the result of the work of a careful and conscientious observer. The book has no scent of scissors or paste-pot. Although reference is made to other authors, I believe there is not a single quotation in it.

The third, fourth, and twenty-second lectures deserve special mention. The two former are upon the movements of the eyes, and are illustrated by numerous cuts, the first of which represents the globes with the muscles attached, and lines drawn in such a manner as to show their axis of rotation when moved in different directions. The cut is so simple and the explanation so plain and concise as to enable any one to readily understand the movements of the globes.

A considerable portion of these two lectures is taken up in describing the methods of diagnosing paralysis of the muscles

attached to the globe, and in the determination of the presence and amount of squint.

The twenty-second lecture is upon examination of the fundus in detail. The special feature of this lecture is the manner in which the optic nerve and its sheaths are described. Nowhere can there be found a cut which so nearly represents the true nature and relations of the optic nerve and its sheaths. I believe that it is unique; at all events it far excels all other efforts in this direction.

The book is one that can be recommended to the doctor and student with the assurance that it will meet every demand. May the author live long and continue his work in same direction, is the wish of the reviewer.

M. F. C.

Books and Pamphlets.

OTHER SYMPTOMS OF NERVOUS EXHAUSTION (NEURASTHENIA). By Geo. M. Beard, A. M., M. D., Member of the New York Academy of Medicine, of the American Academy of Medicine, of the American Neurological Association, etc. Reprinted from the Journal of Nervous and Mental Disease, April, 1879. Chicago.

AN ACCOUNT OF THE PERINEOSINUEXEREEINATOR: A new Instrument for the Exploration of Sinuses, especially adapted to Gynecological Practice. By Jacques Robinson, A. M., M. D., Surgeon to Hospital for Ruptured Vesicles; Member of the Anteversion Society and the Round Ligament Club, etc., etc. Reprinted from Louisville Medical News, May 13 and June 7, 1879. Louisville, Ky.

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The Louisville Medical News.

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Miscellany.

METHODS OF ADMINISTERING MEDICINE BY LUNGS.—There are several ways in which medicines may be administered into the lungs—by inhalation with steam, as atomized fluids, by insufflation, or by fumigation with powders, prepared so as to burn freely in the air, or, lastly, by smoking. The simplest and surest method is, in the opinion of Dr. Thompson, the use of paper soaked in a weak solution of niter to make it burn continuously, and dipped afterward in the tinctures or solutions of the drugs to be tested, the paper being rolled into cigarettes of uniform size. In order, however, to disguise the odor of burnt paper, a little tincture of tobacco is used, as in the following formula, which represents the basis for each cigarette: Swedish filtering paper, size 4 in. by $2\frac{1}{2}$ in.; potassæ nitratis, $\frac{1}{4}$ gr.; tinct. tabaci, m. x.; olei anisi., m $\frac{1}{8}$ (tincture of tobacco made with $2\frac{1}{2}$ ozs. of the leaf to a pint of spirits.) A solution of any drug can then be prepared, and the paper having been floated through the solution, in a flat dish, when dry can be cut into a certain size, and the dose thus accurately measured. Opium was the first drug experimented with, and one eighth of a grain of the drug was the dose at first tried; but it was soon found that the effects produced by smoking this quantity were too intense, and it was at last discovered that one sixty-fourth of a grain of the extract of opium was sufficient for an initial dose. Cigarettes with this quantity of opium were smoked by Dr. Thompson and three other healthy men, and in a few minutes a decided effect of dizziness was produced. The cigarettes were smoked in the ordinary way, the smoke being partly rejected, but if the full effect of the dose be desired, the smoker should be instructed to expand the lungs with full inspiration, and retain the smoke in the lungs. In the case of one healthy man the dose was increased to one thirty-second of a grain of the extract, but this, together with the same dose of stramonium, caused too much and too prolonged dizziness. Dr. Thompson cites several cases in which the smoking of these cigarettes appeared to have been followed by the most satisfactory results. In one case so small a dose as the two-hundredth of a grain of opium procured many hours of sleep, a result which far surpasses that obtained from the subcutaneous injection, a mode of administration "which has hither-

to been looked upon as likely to give the most concentrated results."—*Med. Press and Circular*.

THE DEATH OF PIORRY.—The Paris correspondent of the British Medical Journal writes: One of the oldest and one of the most remarkable characters of the medical faculty of the present century has just passed away in the person of Dr. Pierre Adolphe Piorry, whose death took place on Thursday the 29th May, in the eighty-fifth year of his age. The life of this eminent physician may be summarized as follows: Born in 1794, M. Piorry began his medical studies at the early age of sixteen, and while yet a student he had to enter the army, and went on field-service to Spain in the capacity of *Officier de Santé*. On his return to Paris in 1814 he resumed his studies under Fouquier, and took his degree of Doctor of Medicine in 1816, the title of his inaugural thesis being "On the Danger of Medical Books being read by the Laity," a very remarkable work, of which a new edition was published scarcely two years ago. He became an *Agrégé* in 1826, and was appointed hospital physician in 1827 to the Charité Hospital, where he met the great Laennec, with whose name that of Piorry will be immortalized in connection with auscultation and percussion, two means so indispensable in the diagnosis of chest-affections, for if Piorry were not the original inventor of percussion, he was certainly the introducer of it in France. With the idea, however, that the ordinary means of percussion by the fingers might be improved upon, he invented the well-known instrument to which he gave the name of pleximeter. For this invention, and for his work on Mediate Percussion, he was awarded by the Academy of Sciences the Prix Montyon in 1828. The pleximeter then became the fashion in the medical world; and after having been in vogue for nearly half a century, is now scarcely to be seen, as preference is given to the older method of percussion, that by the fingers alone. At the commencement of his practice, M. Piorry followed the teachings of Broussais, but he eventually struck out a line for himself which formed the basis of his future practice. M. Piorry wrote a good deal, and was a great innovator. He endeavored to introduce a new theory relative to the pathology of disease, to which he gave the name of "Organopathie," and according to which the disease of one organ in the system is independent of the others; it is a sort of entity in itself,

so that the disease of one, though of the same nature, can not be compared with that of any other. M. Piorry also made gigantic efforts to introduce a new medical terminology, founded exclusively on the Greek language; but this was not received with greater favor than his new doctrine, and both have been consigned to oblivion. He was for many years Physician to the Hotel Dieu, and was appointed Clinical Professor in 1840. He was one of the oldest members of the Academy of Medicine, and was elected in 1823. He was also officer of the Legion of Honor. Thus for nearly three quarters of a century Piorry's life was one of work and research; and were it not for his eccentricities and self-conceit, he might have died more respected, if not more honored.

COPYING PRESCRIPTIONS AT HOME.—An American druggist declares that he lately received the following recipe, which his customer explained had been copied from "a doctor's book:"

12 grains each of Lactate of iron
Citrate of iron
Strychnine
Sulphate of quinine

Make twelve powders. Take one every four hours.

Asking first if the medicine was for a crocodile or a Christian, the druggist pointed out that it would be hardly necessary to make up all the dozen powders unless a family burying was in contemplation. The gentleman who copied the prescription now knows that citrate of iron and strychnine is not the same as the same articles separated. Even simple art of copying prescriptions requires some little previous training.—*Chemist and Druggist*.

ADMINISTRATION OF MERCURY TO CHILDREN.—The following case, for which I beg insertion in the "Confessional," illustrates the dangers attending the administration of mercury to children. I quote the case from memory: Annie S., a child aged about four, was apparently suffering from gastro-hepatic derangement. I ordered two powders, containing each three grains of gray powder with, I think, a small quantity of Dover's powder, the powders to be taken on successive nights and followed in the morning by a small dose of castor oil. On visiting the case the day after the second powder had been taken I found that profuse salivation had been induced. I used every effort to check the salivation by frequent use of

mouth-washes, internal administration of chlorate of potash with cinchona-bark, and feeding the child with milk *ad libitum*. Notwithstanding these measures, the salivation went on increasing, spread through the Eustachian tube to the internal ear, and finally the child died with symptoms of acute meningitis, on the eighth day after the administration of the second powder. I ascertained, on my second visit, what had not, I think, been properly brought to my notice at first, viz. that the child had quite recently recovered from what, by the mother's account, must have been an attack of scarlet fever. I may likewise mention that there was a very small ulcer on the child's tongue, a fact which may perhaps account to some extent for the rapid production of such acute salivation. This case has been a lesson to me not to give mercury to children without careful inquiry into the previous history of the case.—*H. in "Confessional," of British Medical Journal.*

Selections.

BLOOD-LETTING.

Dr. J. Brown, of Wisconsin, communicates to the June number of the Detroit Medical Journal an interesting paper on Blood-letting, and presents a number of cases illustrating the value of this neglected and modernly disreputable remedy. We make room for the first three:

Head Injury—Case 1: L. D., aged thirty, large and plethoric, accidentally slipped and fell, his head striking upon the sharp corner of a large door-stone, producing severe fracture of the skull, with depression, at a point near the parietal protuberance of the left side. Being immediately summoned, after careful examination with probe and finger I dressed the wound, elevating the depressed bones as much as possible without violence, and removing any offending spiculæ; and as no bad symptoms manifested themselves, ordered the application of cold water, and left for a time. In my absence a severe convulsion occurred, and another physician who was in the house at the time was called into the room, but nothing was done till my arrival, when I drew about thirty ounces of blood from the arm. About one hour and a half later the patient had another terrible convulsion, long protracted, and such as can only occur in a strong man, accompanied with labored and very difficult breathing and clogging of the bronchial tubes with thick mucus. At once I opened a vein in the other arm, and let the blood flow in a full stream till the system was relaxed and there was extreme pallor of the face, and to my surprise and the great satisfaction of the friends no other bad symptoms occurred, and, the wound healing kindly, the patient recovered, notwithstanding he was an inveterate drinker, being intoxicated at the time of the accident.

Retarded Labor—Case 2: Was called to see

Mrs. G., aged twenty-one years, a healthy, strong, vigorous, muscular woman, in confinement with her first child. On examination *per vaginam* found head presenting—vertex—os uteri dilated only to the extent of a quarter dollar coin; rigid, thick, and clumsy, with pains hard rather than strong, and exceedingly tormenting. As there was some objection to bleeding, but little was done through the night except the frequent repetition of small doses of morphine and antimony, with no appreciable effect, however, except to produce vomiting. In the morning the pains subsided, but came on again next night with undiminished energy. I was again summoned, and the same or similar measures were continued till the fifth night, the os remaining tense and unyielding, when the parties became willing to accept of any measure; and after two copious venesections the fibers of the os began to relax, the pains at the same time becoming more regular and expulsive; and during the after part of the night she was delivered of a fine, fat boy, alive and kicking.

Strangulated Hernia.—Case 3: Was called to see Mrs. F., married, aged twenty-four years, of medium size and healthy, in consultation with an old country army-surgeon, who had been trying during the preceding twenty hours to reduce an oblique inguinal hernia; and, giving it up, sent for me to make the operation, which he deemed unavoidable. Upon inquiring and finding the patient had not been bled, I suggested this measure, and blood was drawn from the arm until feelings of approaching syncope began to show themselves, when chloroform was administered to full anesthesia; and in about twenty or thirty minutes, by taxis in the most favorable position for relaxing the abdominal muscles, the gut was returned to its normal position within the abdomen without operation.

Mahomed on Bright's Disease.—An interesting study of the Records in Guy's Hospital, London, by the medical registrar, Dr. Mahomed, have led him to the following conclusions with reference to the important points now at issue in the history of Bright's disease:

1. Albuminuria, though occasionally produced by other causes, is generally the result of increased pressure in the capillaries of the kidney, either venous or arterial.

2. Neither albuminuria nor dropsy are usually present in chronic Bright's disease. When present they indicate acute or epithelial changes.

3. The blood-condition which produces the high arterial pressure of Bright's disease is the primary condition, and is not secondary to deficient renal excretion, as held by Bright himself and subsequently by nearly every authority upon the subject.

4. The most generally-accepted account of the disease and its symptoms fail to recognize it in by far the larger number of cases in which it exists.

5. Cases present themselves bearing the aspects of various forms of heart-disease, of bronchitis, of cirrhosis, of cerebral disease, and many other conditions in which we can only discover the existence of chronic Bright's disease as the *fons et origo mali*, by the signs of high pressure in the arterial system.

6. The cardio-vascular changes, when found alone, may be taken as evidence of the existence of the disease.

7. Similar changes to those found in the kidneys exist also in the mucous membranes, in the skin, and in other parts.

8. The condition of high pressure is almost constantly present in old age, and in one form or other brings about a large proportion of the deaths in persons over fifty.

9. The existence of high arterial pressure in the pulse of young persons indicates a diathesis, and is of grave importance.

10. The same condition, being of frequent occurrence, after the age of fifty is not of such great importance unless present to an excessive degree. It then produces serious symptoms, and calls for active treatment.

Some of these propositions have already been enunciated by Gull and Sutton, though they have not met with general acceptance. It is plain that the root of the matter has not been reached as yet.—*London Lancet*.

The Prophylaxis of Puerperal Convulsions.

Prof. E. S. Dunster read a paper before the last meeting of the Michigan State Medical Society in which he has done very excellent service by giving expression to a definite plan of prophylaxis, not only as it appears to us, of puerperal convulsions, but of the various symptoms which are liable to the puerperal state, and by common consent are now quite generally associated with albuminuria.

1. *Relieve the Congestion of the Kidneys.* Dr. Dunster names rest for the kidney as at the head of the list of means for relief. To secure this the intestinal canal and the skin should be made to do vicariously the work of the kidneys. Hydrogogue purges, therefore, and active diaphoretics are the agents to be relied on. Diuretics are to be used with caution. Vichy water and acetate of potash may be selected, and these supplemented with infusion of digitalis in short courses (not alcoholic preparations of digitalis). The skin should be kept exceptionally active. Hot vapor baths and friction are advised. Dr. D. suggests that doubtless pilocarpine, the active principle of jaborandi, by its wonderful diaphoretic power, would promise admirable results.

2. *Counteract the impoverished state of the Blood resulting from the loss of Albumen.* Nutritious food and fresh air would of course be indicated. The milk diet, either absolute or as a prominent article, has proved of great value as a tonic, and very especially the tincture of the chloride of iron, acting doubly by improving the blood and as a diuretic.

3. *Quiet the Nerves and Digestive Disturbances.* Bromide of soda and mono-bromide of camphor are the agents proposed.

4. *But, failing in all, induce Premature Labor.* Dr. Dunster holds that only a small per cent of albuminuric subjects becomes eclamptic—say no more than one in ten. So also it is to be borne in mind that delivery does not of necessity cure albuminuria or prevent convulsions. For these and other reasons the induction of premature labor, while it is to be entertained, is to be decided on with some caution. Indeed there is a sentiment growing stronger—as seen in the writings of Barker, McDonald, Playfair, and others—only to resort to premature labor after the careful employment of other methods; that is, “Restrict the operation to cases where other treatments have been thoroughly tried, but have failed to secure any amelioration of the symptoms.”

The excellent paper that we have thus imperfectly condensed concludes with this cheerful view of our present status: “I can not close this paper without again expressing the belief that medical art now fur-

nishes a certain method of averting in very many if not the large majority of cases the dangers consequent upon the albuminuria of pregnancy, and that it should be our constant aim to early recognize the condition, so that the treatment may be applied in season.”—*Obstetric Gazette*.

Inflammation of the Bladder.—The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are “specific” in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency, in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedatives and emollient enemas. In addition a bag of hot sand may be placed between the thighs, near the perineum, and a hot dinner-plate may be frequently placed upon the hypogastrium. By medicating the pelvic viscera and surroundings the stomach may be kept for food and drink. Sedative medicines injure the appetite and digestion. Run as few remedies through the stomach as possible, unless they be peptics.—*Southern Medical Record; N. O. Med. Jour.*

Symptoms of Neurasthenia (Nervous Exhaustion).—George M. Beard, M. D., in *Journal of Nervous and Mental Diseases*, says:

In a paper read before the New York Academy of Medicine, and published in the *Virginia Medical Monthly* for June, 1878, I described certain symptoms of neurasthenia (nervous exhaustion), as follows:

Tenderness of the scalp (cerebral irritation, cerebrasthenia); tenderness of the spine (spinal irritation, myelasthenia); tenderness of the teeth and gums; tenderness of the whole body (general hyperesthesia); general or local itching; abnormalities of the secretions; vague pains and flying neuralgias; flushing and fidgetiness; tremulous and variable pulse with palpitation; sudden giving way of general or special functions; special idiosyncrasies in regard to food, medicine, and external irritants; sensitiveness to changes in the weather; a feeling of profound exhaustion unaccompanied by pain; ticklishness, desire for stimulants and narcotics; insomnia; nervous

dyspepsia; partial failure of memory; deficient mental control; seminal emissions; spermatorrhea; partial or complete impotence; changes in the expression of the eyes and countenance; mental depression, with general timidity; morbid fear of special kinds, as agoraphobia (fear of places); astraphobia (fear of lightning); sick headache and various forms of headache; disturbances of the nerves and organs of special sense; localized peripheral numbness and hyperesthesia; general and local chills and flashes of heat; local spasms of muscles.

The above list is not only not exhaustive, but a number of the phenomena embraced under the various heads have been described thus far but incompletely. Dr. Beard then proceeds to supplement the list of symptoms, as follows: Deficient thirst and capacity for assimilating fluids; abnormal dryness of the skin, joints, and mucous membranes; sweating hands, with redness; convulsive movements, especially upon going to sleep; atonic voice; oxalates and urates in the urine; gaping and yawning; dilated pupils; shooting pains simulating those of ataxy; peculiarities of pain in the back; heaviness of the loins and limbs; varieties of morbid fear (phobia); hopelessness; peculiarities of insomnia; appearance of youth.

Grindelia Robusta in Asthmatic Affections.

Some time ago I noticed in several of the medical journals suggestions as to the use of *grindelia robusta* in asthmatic affections. I took occasion to make use of this remedy, and found that though in some cases a certain degree of benefit was perceptible, yet it by no means equaled the results I had been led to anticipate. The thought occurred to me that it might be well to couple with it some preparation of *yerba santa*, this having acquired considerable reputation of late in the treatment of bronchial affections. Accordingly the next time asthma was submitted to my care I prescribed as follows:

R Elixir *grindelia robusta*..... $\frac{3}{4}$ xij;
Glycerole of *yerba santa*..... $\frac{3}{4}$ iv. M.

Sig. From two teaspoonfuls to one tablespoonful four times a day.

The result exceeded my most sanguine expectations, and I will give the brief details of a case.

Mrs. L. M., aged thirty-seven, had suffered from asthma fifteen years. During this period she, like almost all asthmatics, had tried many remedies with no practical relief. Coming to me August 4, 1878, I gave her the medicine to which I have just referred. Before commencing treatment she was robbed of the latter part of almost every night's rest. About two o'clock in the morning the sitting posture and the smoking of a preparation for the relief of dyspnea became imperatively necessary. The loss of sleep consequent upon this procedure had its legitimate effect upon her system. Emaciation and general debility followed, and her careworn and anxious countenance plainly indicated the suffering that she was undergoing. The first night the medicine was taken refreshing sleep till six o'clock in the morning resulted. From that time to the present she has not lost a night's rest from this cause, nor felt more than a very slight indication of a return of asthma, notwithstanding she has suffered in the interim several times with a severe cold. She has gained flesh, is much improved in general health, and says the medicine has been and is to her of invaluable worth.—*Frank Allport, M. D., in N. Y. Medical Record.*

New Method of Removing Submucous and Interstitial Fibroids of the Uterus.—Dr. Gailard Thomas described at the New York Academy of Medicine (New York Medical Journal, April) his mode of removing fibroids by means of the forceps and a serrated spoon. He uses for the exploration of the uterus a thin strip of whalebone about one third of an inch wide, bulbous at the point, which readily accommodates itself to the uterus and allows of accurate measurements being taken of the attachment of the fibroid without any injury being possible. The spoon is a steel scoop having small serrations on its free border. The capsule of the fibroid having been divided and the tumor grasped by a strong forceps, the serrated spoon is pushed upward with a swaying motion, closely hugging the tumor with its concave surface. The special value of the method consists in the rapidity of its execution, the absence of hemorrhage, and the ease with which all parts of the tumor can be reached. Dr. Fordyce Barker observed that while this operation in skillful hands might prove very satisfactory, when practiced by those who are not apt in the use of instruments it might be dangerous. In practice he had found that many fibroids disappeared either spontaneously or under treatment. Dr. Thomas in reply said that he had laid down as a principle that interference should not take place unless for some impending danger; and a man who removed a fibroid simply because it was a fibroid would act culpably. The observations of Klob showed that uterine fibroids are very prevalent in the Anglo-Saxon race; and it is a well-known fact that in negroes over thirty, tumors are the rule and not the exception. If a woman suffered from a fibroid and could be carried over the menopause, the tumor would decrease with the change in the uterus.

Poisoning by Carbolic Acid employed by Intra-uterine Injections.—After the removal of a fibrous tumor of the cervix, Dr. Rheinstadter employed intra-uterine injections of a ten-per-cent solution of carbolic acid. One day he noticed that only a small portion of the solution escaped, and the patient suddenly fell back unconscious. The face was pale and suddenly covered with sweat; the extremities were seized with tonic convulsions; the respiration ceased for a time, and then became slow and superficial; the pulse could scarcely be counted; and the abdomen became distended. Death seemed imminent, and the body was already cold. A subcutaneous injection of tincture of musk and ether was administered, and the pulse at once improved. At the end of four hours the patient regained consciousness. The accident was not followed by general peritonitis.—*Medical Record, from Lyon Médical.*

Fatal Rectal Exploration with the Hand.—The *Deutsche Med. Wochen.* says: Daudridge and Comer examined the pelvis of a man by Simon's method, with a view to obtain accurate information concerning a psoas abscess. They assert positively no force was used, and that they did not go higher up than the bifurcation of the aorta. Immediately after the exploration, however, symptoms of peritonitis set in, and the patient died. At the autopsy a rupture of the peritoneum was discovered five inches above the anus. The mucous membrane was also torn above the sphincter. This is another case proving that Simon's method is not always entirely harmless.—*Hospital Gazette; New Orleans Med. and Surg. Journal.*

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JUST A WORD ABOUT THE SCHOOLS.

The question of fees for medical teaching has at length had a healthy impulse given it, and we may look for good results. The example set by Chicago has been followed by Cincinnati, and many of the low-fee schools in the Mississippi Valley have been apparently almost persuaded to fall into the line, and doubtless will do so before the next announcements are issued. These "announcements," by the way, seem to be terrible bars to progress. "We can not change this year, because we have already published our programme," say the schools; and next year they hasten to publish their programmes as a protection against any change. It is pretty much like an excuse a friend gave us at Danville for not going to the entertainments. "No, I can't go," he said, "because I have on a colored shirt; and the fact is," he added, "I put on a colored shirt so I could n't go." But fair warning is now given that the entertainment of the question of higher fees is the first thing in order for next spring, and gentlemen interested are notified to be ready in time with the quality of their answers and the complexion of their linen. In the meanwhile let us take a more detailed view of the situation, and see upon what grounds we have taken our promising outlook.

Whatever difference of opinion may exist between the schools of Chicago upon the comparative merits of their gynecologists, they are one now upon a seventy-five-dollar fee, which is a healthy rise upon the former

fifty. The three schools of Cincinnati also are safely committed to the seventy-five dollars, after their long and arduous forty-dollar campaign. And *passim* it was a highly proper pathological law which brought the *râle redux* earliest at the point where the lungs of medical teaching were first so severely inflamed. We mean, of course, as the fee goes; for we are not ill-natured, and have admired as much as any body the splendid announcements (pictures and all) sent out from Cincinnati. So far as we know, the rest of the situation may be detailed thus:

Nashville is willing to join with Louisville, which may be considered proper prudence.

The University of Louisville officially announced that it was willing to join with the other schools of Louisville, which was no more than the eldest institution should have done.

The Hospital School of Medicine officially declared that it was willing to join with the schools of Nashville, Louisville, and Indianapolis, and the unregenerated school of St. Louis; which, knowing its own affairs, may not have been unwise.

The Louisville College of Medicine, it appeared, was in a state of disorganization and could not give a reply; which, as events go, was logical.

The Indianapolis School, and the Missouri Medical College, at St. Louis, would not give an answer; which, to say the least, was not over polite.

And so it is that upon two schools only—that of Indianapolis and the Missouri College—the advance along an extensive line in the spring may depend; and in the meantime the prayers of all good educationalists

are invoked in their behalf; and that they may not only see the light, but an easy way, let them pray also for success to crown the efforts of such as have already embraced the reform.

THE question of fees for teaching does not concern the schools a whit more than it does the profession at large. No other circumstance has worked such fruitful evils as the miserable price which has been set upon entrance to the practice of medicine. It has seduced hundreds of young men from positions intended for them by nature—behind the plow, the counter, at the anvil or upon the shoemaker's bench, where they might have been useful members of society—to follow a seemingly easy path in life, but which, ten chances to one, in such instances leads simply to starvation or to quackery; and meanwhile the bread of deserving men is divided, and the title of doctor, which is given to deserving and undeserving alike, sinks in the estimation of the people.

It is all the veriest balderdash, this talk about the honest and deserving poor, and their rights for a chance in life. Where one such suffers by proper fees, a hundred are kept from their ruin; and it is simply in charity that the entrance to what should be a learned and what is a slowly-rewarded profession should be above their temptation. It was a wise and humane reply that was made by an officer of an institution we could name to an applicant for money favors (and how many such there are) of the school, "If at your time of life you have not accumulated sufficient means to see your way through a medical education, or have not gained sufficient credit with those among whom you live and who know you best, you ought not to ask such indulgence of strangers; and it would be cruel to invite you to enter upon an enterprise which promises only failure and distress." That is the way to put it. Suppose benches do go empty, and ambitious men miss their coveted title of "professor," the world would wag the better all around; for teaching as it is does not pay,

and the honor of a "professor" has long since departed, and medical diplomas offer the poorest investment that most men can make. And therefore we appeal to the better nature and sounder sense of the schools to right this matter, and to the power of the profession to force them to a reform if they will not adopt it.

Of course we will offend somebody by what we have written, and many a demagogue may declare that we have wantonly insulted poverty. Good men, too, may think that we have laid too great a stress on the money standard when that of education should be made the test. To one we may say, in the spirit of Taine, that nothing is more respectable than poverty in its blouse, or more ridiculous and ghastly when decked in cast-off finery; and to the other that the money standard offers an early and most practical reform. When medicine is thrown open only to self-reliant men, such as are able to pay their way properly, no matter at what cost of self-denial, or to those who have friends sufficiently interested in them to pay it for them, men with proper educational advantages will be most apt to enter its lists for a proper course of study. Harvard and the University of Pennsylvania, with all their requirements, have not seen fit to lower their fees. In fact, the cost of tuition to a single student in either of these institutions exceeds the salary of many professors in other schools. And again we will say to our honest friend, that if he will look around him he will see that the greatest charlatans in medical education are to be found among those who clamor loudest for higher standards, exclusive of time or money.

We take life as we find it, and recommend the methods of experience rather than those which ought only apparently to act.

But the outlook is good, we say, and we firmly believe that another year will see the advance of Cincinnati and Chicago followed by the other schools in the Mississippi Valley. So, too, in the fall of this year will the three-years' study be required by all

the schools of the Association. This law is one of the good fruits of the organization; and though it was not by the Association that the fee-question was reached, it was undoubtedly through it, in leading the schools to consult with each other and have confidence in each other, that the results have been obtained. Medical education in America, we think, is advancing in price, in requirements of time, and qualifications.

FRACTURES OF THE THIGH.—Dr. Norman L. Snow contributes to the *New York Medical Journal* a paper upon Fractures of the Thigh treated by a Modern Method, and what is considered a simple and effective one. It is summarized as follows:

First, a fracture-bed, on which may be placed a good, hard mattress; second, a few short splints and some simple arrangement whereby extension may be applied by weight and pulley; third, a couple of long sand-bags to be used as supports for the limb; and lastly, the foot of the bed raised a few inches, thereby causing the weight of the body to act as the counter-extension.

The twenty-five illustrative cases which are presented give the following results: In six there was no shortening; in eleven the shortening varied from one half to one inch; in one it was three inches; in one six; in one there was non-union; in one an amputation, with recovery; in four there was death. The average age of the patients in which no shortening occurred was six and two thirds years, the youngest two, the eldest twelve—a period of life when shortening is difficult to obtain; and only one compound fracture was saved out of five. With such a showing as this we can't exactly see wherein "the beneficial results of this mode of treatment in the dispensing almost entirely with bandaging," as averred by Dr. Snow, comes in.

FREE QUININE.—On the last day of the session the Senate unanimously passed the House-bill removing the duty upon foreign quinine; and, what appears to be of some importance now-a-days, the President has

signed it. It will probably put an end to quinine monopolies in this country, and possibly to its manufacture in America for a while; but we shall see. The dispatches relate that when Mr. Weightman, the surviving partner of the firm of Powers & Weightman, received the news of the Senate's action, he gave orders for his machinery to stop after present contracts were filled, and the sad intelligence is received that one hundred operatives will thus be thrown out of employment! It is melancholy indeed to consider that the support of these unfortunate men will be taken away from the forty millions of people who have hitherto paid tribute for their work; but we will try to take comfort in the thought that, as the Messrs. Powers & Weightman have bagged some twenty-odd millions of dollars in the monopoly they have possessed, their lot will not be as bitter as the drug they made.

The Messrs. P. & W. made excellent quinine, no doubt; but they made quite enough of it, and should be allowed rest. Let there be no fears that this pushing, spinning world will not find men to take their place.

IN considering the fair promise for an elevation of the fees by the medical schools in the Mississippi Valley, it should be remembered that there were two at least which have never lowered them. The University of Louisiana, at New Orleans, and the St. Louis Medical College, in spite of the underbidding of establishments which flanked them upon all sides, have steadfastly maintained their old prices of \$140 and \$105 respectively. We do not know how much they have suffered pecuniarily for their dignified stand. We trust nothing. Certainly they have not lost in the estimation of the profession. We wish that the record of the University of Louisville was as clear, and it may be mortifying to its many friends to see that even now it is not in the advanced line of those who are returning to a better policy. But this at least should be said in its behalf: no other institution in the country

was ever attacked by such cunning and audacity, and to-day it might not be for the general good of medical teaching for the many schools in this ambitious educational center to be at odds on the question of fees.

Original.

ON THE DANGERS OF THE INJUDICIOUS USE OF CAUSTICS IN DISEASES OF THE THROAT.

BY M. F. COOMES, M. D.

Clinical Lecturer on Diseases of the Eye, Ear, Throat, and Nose, in Louisville Medical College, etc.

The following cases may serve to illustrate the results of the injudicious use of caustics in diseases of the throat.

CASE I.—Jacob K., aged thirty-nine years, consulted me in February, 1875, in regard to the condition of his throat and ears. He complained of distressing tinnitus aurium, imperfect audition, and an inability to breathe through the nose. He stated that fifteen years previous to the time of his visit to me he suffered with an attack of acute pharyngitis, and that he had been subject to such attacks for many years; and that he usually sought the advice of a physician and obtained relief in a reasonably short time, until on the occasion referred to in this report, when the doctor in attendance applied some caustic agent which produced great pain and made the disease much worse. He says that respiration was rendered very difficult, and that he came near losing his life. On examining his throat I found the uvula and arches of the soft palate adherent to the posterior and lateral walls of the pharynx, in such a manner as to completely close the passage between the nose and bucco-pharyngeal cavity. The voice was very materially changed, and he experienced great difficulty in keeping the nasal cavities clean. The disease of the ears (chronic non-suppurative catarrh of the drum cavities) was in all probability induced by the obstruction in the pharynx, preventing the secretions from passing off in the natural way, and thereby producing inflammation of the membrane lining the nose, which in time extended along the eustachian tubes to the drum cavities. I advised surgical interference for the relief of the obstruction. The patient declined on the grounds that such had been resorted to on a

former occasion without benefit, and that he did not care to try the experiment again.

CASE II.—Miss —, aged —, white, the subject of naso-pharyngeal catarrh. The attending physician in this case used the nitrate of silver, with the result of almost closing the space between the mouth and nose, the opening not being more than one line in diameter in any direction. The voice in this case was also very much changed. An operation for the purpose of enlarging the opening was attempted, with only partial success.

CASE III.—Annie S., aged forty, consulted me in the spring of 1878 in regard to her voice. On examining the pharynx, the walls were found to be one mass of cicatricial tissue; the soft palate and uvula were almost destroyed. The laryngoscope revealed the fact that the larynx had not escaped the ravages of the caustic, for the greater portion of the epiglottis had been destroyed; only a small piece remained on the right side. The vocal cords also showed marked evidences of cauterization. The patient was unable to speak above a whisper. Deglutition was but little impaired, notwithstanding the loss of the greater portion of the epiglottis. The previous history of this case is that of a case of ordinary tonsillitis. She said that she had consulted as many as twelve doctors in regard to her throat, and that all of them "burnt it with caustic."

The voice in each of the above cases was unimpaired previous to the application of caustics, and from the history of each it would seem that the diseases were not grave in character until after the caustic applications were made; and, knowing as we do that such is not the result of either of the above-mentioned diseases, if allowed to run their course, without caustic applications, it is then fair to presume that the injudicious use of caustics was the cause of the unfortunate results mentioned above.

Notwithstanding the fact that authors and writers upon diseases of the throat recommend the free use of caustics in most of the affections of that organ, it does seem that if there is any one practice which is abused it is this. The desire to apply caustics to the throat seems to be somewhat of an instinctive act on the part of a great majority of doctors, for they use those agents seemingly regardless of cause or consequence.

Before I proceed further I had best explain what I mean by caustics. I have reference to those agents that possess the power of destroying tissues when applied locally, such as caustic potassa, nitrate of silver in

substance or strong solution, pure carbolic acid or solutions of the same, say forty grains or more to the ounce of water; in short, any application that produces an abrasion of the sound surface or has the power of coagulating the albumen of the epithelium. I do not believe that topical or stimulant applications ought to be discarded; in fact, they are indispensable, and are among the most beneficial agents that are used in affections of the throat. Most of the agents referred to above may be so modified as to be used with great benefit in many instances.

In those cases where there is no abrasion or open surface I can not believe that there is any benefit to be derived from caustic applications, nor do I think they are indicated in cases of syphilitic and phthisical laryngitis; for in either of the latter diseases the cause is constitutional, and no amount of local medication will effect a cure without constitutional treatment. Stimulant and soothing applications will be found most grateful and beneficial in such cases. In most all acute inflammatory affections of the throat soothing applications in the shape of spray or gargle will afford relief more promptly than any caustic application. Warm medicated vapors frequently give great relief, especially in those cases where the larynx is involved. In cases of ordinary acute pharyngitis and laryngitis a gargle composed of half an ounce of the bromide of potassium, one half dram of carbolic acid, and one pint of water will be found very useful. If the larynx is inflamed, allow the patient to swallow a small quantity each time the gargle is used, which should be every hour or oftener.

LOUISVILLE. _____

REPORT OF CASES FROM EYE-CLINIC.

BY W. CHEATHAM, M. D.

*Associate Lecturer on Diseases of the Eye, Ear, and Throat,
in University of Louisville.*

Mr. Maury Heady, the "Blind Bard of Kentucky," with whose misfortunes (being both nearly blind and nearly deaf) almost every man in the state is familiar, applied to me some time ago, stating that what little hearing he had, amounting to only enough to enable him to modulate his voice, was failing. While treating his hearing I examined his eyes. He said that years ago the left eye was blinded by a blow from a chip. Thirty-five years ago, a while after losing the left eye, the right received a blow from the heel of a negro with whom he was play-

ing "leapfrog." Since then he has had only slight perception of light—being able to locate a light, but seeing it in a very diffused manner. Right eye at time of examination showed opaque cornea (about two thirds of normal size), with the exception of two very small portions, these partially clear spots separated by an opaque one. Behind these portions of the cornea was to be seen a thick membrane of capsule of lens and matted iris. This membrane was in contact with posterior surface of cornea.

Mr. H. was very much surprised when I told him there were a few chances in favor of an operation on that eye resulting in some sight, as he had been to Boston and New York, where he was told there was no possible hope of any vision. He decided to let me try, as there was very little to be lost.

Placing him under the influence of chloroform, with the assistance of my father and Dr. Bodine, I entered a narrow cataract-knife at outer edge of the external spot of clear cornea, plunging it through the membrane into the vitreous chamber. The wound was enlarged by making a gentle sawing motion with the knife. The vitreous was in a fluid condition, a great deal of it escaping. De Wecher's scissors were now introduced; one blade passed behind the membrane into the vitreous chamber, and the other before, between the membrane and cornea; the blades closed, and a considerable incision made through the membrane. A similar incision was made above, leaving a flap. At this point the remains of the crystalline lens presented itself. We had decided in consultation that there was no lens present. However, there it was, and great danger of its falling into the vitreous chamber. After six or seven attempts it was finally removed with a pair of forceps, and found to have undergone calcareous degeneration, being as hard as stone. An effort was now made to remove the flap of membrane by means of the forceps and hook. I was met with great resistance, it appearing as if choroid and retina would come with it. However, several small bits were removed, leaving a small hole behind almost opaque cornea.

The presence of remains of the lens having complicated the operation very much, we decided to not make any more attacks on the membrane at present, but to put it off for another operation in the future. The bandage was first applied. In the after-treatment rest was given, and application of first cold and then warm water and atropia used. For several days there appeared to be no

perception of light. After that time the eye began to improve, and in three or four weeks after the operation he was able to distinguish the color of houses across the street and to see the stripes of a "barber-pole." The sight is still improving daily. Next fall I hope to be able to make a pupil behind clear cornea, and give him at least sight enough to move around alone. July 9th, is able to read coarse print.

Snellen's Test for Bin-ocular Vision.

I have lately seen two cases in which Dr. Snellen's test (of colored letters) for vision of both eyes proved a failure. We are called upon occasionally to decide whether or not vision exists in both eyes. While in New York I was often called upon in the hospital to decide such a question in men applying for pensions, saying that they had lost the sight of one eye. Examination revealing no cause for blindness, it was necessary in such cases to put them to certain tests to see if they were not deceiving me. While I was in Utrecht, Holland, last summer Prof. Hermann Snellen showed me his test for such cases. It consists of letters such as are used in common tests for vision. They are first cut out as perfectly as possible and covered with red and green glass, alternating first one with red glass and the next with green. This would of course fail in all cases of red or green blindness. Such may exist in one eye only. To make the test, these letters, covered with the glass and framed, are hung so as to have light transmitted through the glass to give them the red and green color. The patient is placed off at the proper distance with a green piece of glass over the good eye (or a red piece may be placed there), and asked to call the letters in the frame. If he should call all, it shows that there is vision in both eyes, as the green glass over the good eye renders him unable to read the letters covered with the red glass. If the eye complained of is blind, the green letters only will be seen.

In the case of which I speak the test was a total failure. Other tests showed the eye was blind. Again I used it in a case where vision was perfect in both eyes, with failure. No one of our tests for bin-ocular vision are sure. All should be used.

LOUISVILLE.

THE first case of yellow fever is officially reported at Memphis on July 11th. The case is pronounced sporadic by Rogers and Mitchell. Nevertheless some alarm is felt.

Correspondence.

RECURRENT CANCER OF BOTH BREASTS.

To the Editors of the Louisville Medical News:

In a foot-note to an editorial, entitled Concerning Malignant Growths, in the last issue of your journal, I am accredited with having removed two tumors—one in 1877 and the other in 1878—from the breast of the case referred to. This is a mistake; and in correcting the same I will give a brief history of the patient, thinking it will be of interest to the readers of the NEWS, as going to show how her life has been prolonged and rendered comparatively comfortable by the removal of the tumors as fast as they recurred.

Mrs. J. is fifty-one years of age, a fleshy, tall, and to outward appearances a healthy woman. She does not know much of her family history, but never heard of any of her relatives being afflicted with cancer or tumor of any kind. She first discovered a tumor in her right breast in the spring of 1872, it then being about the size of a hen's egg. She thought nothing of it, and did not mention it to her family physician till 1875, when it had become as large as an orange and very painful. In October of the same year Dr. Cummins removed it. Several months previous to the operation a tumor was found also in the left breast; and this was removed by the same surgeon in the latter part of the next month, she having in the meantime entirely recovered from the effects of the first operation. She went, then, without a recurrence of the disease until the spring of 1876, when each breast became again the seat of a tumor. She does not remember exactly in what month she first noticed them, but knows that it was early in the spring, and that when her attention was first called to them the growths were not larger than an almond; that they grew very rapidly, and when removed by Dr. Cowling, the following July, were much larger than a hen's egg. After the operation Dr. Cowling got me to take charge of the case, and before the end of the month I found a return of the disease in the left breast. The 1st of the following September, it then being almost as large as when Dr. Cowling operated, I removed it, together with the portion of the glandular structure left, and the cicatricial tissue resulting from the previous operation in that situation. Since then there has been no return of the disease in either breast.

In the summer of 1877 she complained of a too copious and frequent menstrual flow, and a leucorrheal discharge between the periods. Upon examination I found and removed from the inside of the neck of the uterus a hard polypoid growth, and afterward used carbolic acid to the lining membrane of the cervix. This treatment kept up once a week for three months stopped the metrorrhagia and "whites," and she did not have a recurrence of either till the following summer, when another similar growth was discovered and removed. The acid-treatment has been kept up but irregularly ever since. She still has a leucorrheal discharge from the cervix, and occasionally a copious menstrual flow, but I can discover no recurrence of the polypoid growths, and the discharges are not offensive. When she first called my attention to her uterine symptoms she complained also of a frequent desire to urinate, and of the urine, upon standing, throwing down a thick white sediment and being very offensive. It seemed to be loaded with phosphates and pus. It was examined by a microscopist, but he was unable to find any cancer-cells. Under bitter tonics and diuretics she has greatly improved, but the urine is still very cloudy. She complains of some pain over the region of the bladder, but not enough to prevent her from attending to her household duties, and, as before stated, from outward appearances she would be taken for a healthy woman.

LOUISVILLE.

W. O. ROBERTS, M. D.

Reviews.

A Practical Treatise on Surgical Diagnosis: Designed as a Manual for Practitioners and Students. By AMBROSE L. RANNEY, A. M., M. D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery in the Medical Department of the University of New York. New York: William Wood & Co. 8vo, pp. 386. 1879.

This is a very well arranged book. The peculiar symptoms of the several surgical disorders which are likely to be confounded are arranged side by side, and those which are common are presented below. It is in fact the extension to the whole of surgery what is presented in most of the text-books on special subjects—compression and concussion, for instance.

Of course in practice many of the minutæ which are presented are often absent, and contrasts are not always so marked; but in

such arrangement as this typical cases must be taken and symptoms must be dogmatically described to make the matter serviceable.

The author presents an extensive bibliography of surgical works, which he has evidently consulted to advantage. We commend the book to our readers. We present below an extract as specimen of the work:

MORBUS COXARIUS. SACRO-ILIAC DISEASE

EFFECTS OF POSITION OF LIMB.

The altered relation of the pelvis to the spine can be modified by the position of the limb.	The obliquity of the pelvis is not affected by the position of the limb.
--	--

EFFECT OF PRESSURE.

The pain on pressure over the trochanter is felt in the hip-joint.	Pressure over the trochanter causes pain in the sacro-iliac articulation, but not in the hip-joint.
--	---

PAIN.

The pain in the hip on pressure is not controlled by fixation of the os innominatum.	The pain on pressure and motion is modified or entirely controlled by fixation of the os innominatum.
--	---

LENGTH OF LIMB.

A change in the length of the limb affected is often present.	The lengthening of the limb is never actual, but only apparently so.
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SYMPTOMS IN COMMON.

Both may be associated with local pain.
 Both may be associated with suppuration and the formation of sinuses.
 Both may be associated with obliquity of pelvis.
 Both may be associated with detection of necrosed or carious bone by the probe.
 Both may be associated with apparent lengthening of the limb on affected side.

General Surgical Pathology and Therapeutics.

In Fifty-one Lectures. A Text-book for Students and Practitioners. By Dr. THEODORE BILLROTH, Professor of Surgery in Vienna. Translated from the fourth German edition with special permission of the author, and revised from the eighth edition by CHAS. E. HACKLEY, A. M., M. D., Physician to the New York Hospital, etc. New York: D. Appleton & Co. 1879.

Billroth's Surgical Pathology has been so long a classic that it would be difficult to say in its praise any thing that would not sound like supererogation, or any thing in its blame that would not appear impertinent; or yet relate what it says in surgery and be novel, as it has been one of the chief sources of supply in surgical knowledge for these many years. To us it has always been a marvel. It is erudite and it is simple; it

is minute and it is practical; and these are qualities which no other similar work that we know of imitates.

Dr. Hackley's translation is an excellent one, preserving the original in pure idiomatic English. No one will ever be able to find out why the Sydenham Society felt called on to supplement with another one in our tongue.

The additions from the eighth German edition are contained in an appendix of twenty pages, and show revision of the whole work. Billroth's Pathology is of the best of text-books and the surest of guides.

Diseases of the Intestines and Peritoneum. By JNO. SYER BRISTOWE and others. New York: Wm. Wood & Co. 1879.

This is the sixth installment of the Messrs. Wood's Library of Standard Authors, and is perhaps the most interesting and useful of the volumes which have yet appeared, as a table of its contents will show. The following papers are contained in the book:

By J. R. Wardell, M. D., on Enteralgia and Peritonitis.

By John Syer Bristowe, M. D., on Enteritis, Obstruction of the Bowels, Ulceration of the Bowels, Cancerous and other Growths of the Intestines, Diseases of the Cecum and Appendix Vermiformis, Tubercle of the Peritoneum, Carcinoma of the Peritoneum, Affections of Abdominal Lymphatic Glands, and Ascites.

By J. W. Begbie, M. D., on Colic, Colitis, and Dysentery.

By S. O. Habershon, M. D., on Diarrhea, Duodenum, and Abdominal Tumors.

By T. B. Curling, M. D., on Diseases of the Rectum and Anus.

By W. H. Ransom, M. D., on Intestinal Worms.

The Library of Standard Authors is an admirable enterprise, and should be sustained. The subscription is twelve dollars per annum, for which twelve volumes are furnished.

Books and Pamphlets.

LESSONS IN GYNECOLOGY. By William Goodell, A. M., M. D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. Philadelphia: D. G. Brinton, 115 South Seventh Street. Pp. 380.

DISEASES OF THE THROAT AND NASAL PASSAGES: A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Esophagus, Trachea, Larynx, and Nares. By J. Solis Cohen, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College, etc. New York: Wm. Wood & Co. Pp. 742.

HEALTH PRIMER: HEARING AND HOW TO KEEP IT. By Chas. H. Burnett, M. D., Consulting Aurist to Pennsylvania Institution for the Deaf and Dumb, etc. Philadelphia: Lindsay & Blakiston. Pp. 152.

POSOLOGICAL TABLE, including all the Official and the most frequently employed Unofficial Preparations. By Charles Rice, Chemist, Department of Public Charities and Correction, New York. New York: William Wood & Co., 27 Great Jones Street. Pp. 96.

AN ARGUMENT MADE BEFORE THE AMERICAN MEDICAL ASSOCIATION, at Atlanta, May 7, 1879. By E. S. Demster, M. D.

TWENTIETH ANNUAL ANNOUNCEMENT OF THE MIAMI MEDICAL COLLEGE, OF CINCINNATI. The Session of 1879-80 will begin on October 1, 1879.

AMERICAN NERVOUSNESS: ITS PHILOSOPHY AND TREATMENT. By Geo. M. Beard, M. D., New York. An address delivered before the Baltimore Medical and Chirurgical Society, February 12, 1879. Reprint from Virginia Medical Monthly, July, 1879.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the NEWS is in stock. These can be obtained at the following prices: The NEWS for 1876, Vols. I and II bound together, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

Address the publishers,

JOHN P. MORTON & COMPANY,
Louisville.

In Memoriam.

1853. N. GERHARD HUTCHISON, M. D. 1877.

MEMINISSE ET LUGERI.

A memorial volume of Dr. Gerhard Hutchison (son of Dr. Jos. C. Hutchison, of Brooklyn), who, two years ago, before he was twenty-six, died from infection contracted by close watchfulness of a diphtheritic case in which he had done tracheotomy, revives sad memories of a life extinguished while all aglow with ambition, and illumined with the halo of goodness and promise. It stirs, too, anew our sympathies for the loving and rended hearts which seek consolation in the record of a son whose epitaph is written "Faithful unto death." And we know that to this feast of sorrow many will come with warm affection for the living, as with dear and sorrowful remembrance for the dead.

Miscellany.

HASHEESH OR RESIN OF CANNABIS INDICA.—The family of plants to which Indian hemp belongs furnishes two kinds of hemp—common hemp (*cannabis sativa*) and the Indian hemp (*cannabis Indica*). The latter possesses medical merits. The Arabs call it *haschisch* or *the herb*, intending to express by this term that it is the most precious of all herbs. In Algeria it is called *haschisch al Fohma* or the Faker's herb. The intoxicating effects of cannabis have been known from remote antiquity. It is of this, the famous nepenthes, of which Homer speaks, and to whose writings it owes much of its reputation. The Orientals use it under different names, and generally with aromatics and aphrodisiacs. They smoke it and take it in pastilles, electuaries, drinks, etc. It is mixed with musk, cantharides, and other medicines. It is stimulating and intoxicating in small doses. In large doses it is sedative, and produces a sort of voluptuous stupor similar to alcoholic liquors. Under its influence objects have grand proportions; sounds appear pleasant and agreeable to the ear, and the victim feels buoyant and perfectly happy, with a profound indifference to earthly subjects, without regard to age, sex, or condition. The habitual use of hasheesh tends inevitably to imbecility or mental derangement. These details explain how difficult it is to adapt it to therapeutical uses, although the Orientals had long observed that the *haschischeurs* were free from pulmonary and rheumatic complaints, and only used it for sensorial pleasures. The first medical use of the drug is due to the physicians of Vienna and Berlin. French and English practitioners afterward experimented with it. The results obtained were remarkable. They established without doubt that the Indian hemp was, *par excellence*, a special anti-spasmodic, and serviceable in almost all affections of the respiratory passages. Its application is not limited simply to asthma, but may be used in all cases of dyspnea. Besides this, the herb has been used in rheumatism, nervous affections, wakefulness, nocturnal erections, amenorrhea, as a diuretic in dropsies; and Moreau, of Tours, used it in mental maladies.—*Dr. Cullen, in Virginia Medical Monthly; from Journal d'Hygiene.*

WHAT HAS BEEN DONE FOR RHEUMATISM.—Dr. Broadbent says: "Few diseases have had brought against them a heavier armament of

drugs than acute rheumatism. It has been stormed by alkalies and salines, attacked by acids, assaulted by perchloride of iron and quinine, surprised by propylamine and elaylchlorure, drained by venesection and purgatives, flooded alternately with hot and cold water, alarmed with blisters, blasted with hot air, lulled with opium, and appeased by chloral hydrate. In addition to these it has been constantly harassed by the raids of lesser foes, such as lemon-juice, citric acid, belladonna, and iodide of potassium. Now another apparently powerful enemy has appeared, in the shape of salicylic acid and its salts." [Which bids fair to assegai it.]

MARRIAGEABLE AGE.—This is in Austria fourteen for both sexes; in Germany, eighteen for men and fourteen for women; in Belgium, eighteen for men and fifteen for women; in Spain, fourteen for men and twelve for women; in France, eighteen for men and fifteen for women; in Greece, fourteen for men and twelve for women; in Catholic and Orthodox Hungary, fourteen for men and twelve for women; in Protestant Hungary, eighteen for men and fifteen for women; in Italy, eighteen for men and fifteen for women; in Portugal, fourteen for men and twelve for women; in Russia, eighteen for men and sixteen for women; in Roumania, eighteen for men and sixteen for women; in Saxony, eighteen for men and sixteen for women; and in Switzerland, in different cantons, from fourteen to twenty for men and from twelve to seventeen for women.—*Lyon Médical.*

HONORS TO A SURGEON.—The London Gazette of the 17th notifies that the Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross on Surgeon-major James Henry Reynolds, Army Medical Department, "for the conspicuous bravery, during the attack at Rorke's Drift on January 22 and 23, 1879, which he exhibited in his constant attention to the wounded under fire, and in his voluntarily conveying ammunition from the store to the defenders of the hospital, whereby he exposed himself to a cross-fire from the enemy both in going and returning." It is very satisfactory to be able at last to record that Surgeon-major Reynolds has received this well-earned decoration, but it would have been in every respect better had the red-tapeisms of the distinctions between combatants and non-combatants not interfered so as to prevent his being

gazetted to it along with the Rorke's Drift combatant Victoria Cross men two months ago. We formerly announced that the Honorary Fellowship of the King and Queen's College of Physicians in Ireland had been conferred on Surgeon-major Reynolds.—*Medical Times and Gazette.*

DRUNKENNESS IN SWEDEN AND NORWAY.—The drunkard is put in prison, and his only nourishment is bread soaked in wine. During the first day the prisoner receives the bread and wine with much pleasure. On the second day his food is not so acceptable. After that he takes his food with great repugnance. In general, eight or ten days of this treatment suffices to produce such disgust of liquor that the unhappy man is condemned to absolute abstinence. After leaving prison his drunkenness is radically cured, with an occasional exception, and the odor of liquor produces an invincible repulsion.—*Dr. Cullen, in Virginia Med. Monthly; from Jour. d'Hygiene.*

Selections.

When the Hypodermic Syringe may be Used.

From National Medical Review: Physicians of the present day carry in a pocket-case more active elements of prompt medication than used to be packed in a good-sized pair of saddlebags of a quarter century ago; and these modern condensed preparations for subcutaneous injection, as we all know, in many respects supersede the old-fashioned way of administering medicines.

In cases of unconsciousness, delirium, strangulation, or other condition in which the patient can not or will not swallow, the proper remedy, in nicely-graduated quantity, injected hypodermically answers just as well as if taken into the stomach; and in many cases, even when the patient can take remedies in the usual way, hypodermics respond more promptly and favorably than other plans of treatment.

We give the following list as embodying the principal conditions in which hypodermics have been employed:

Ununited Fractures. Glacial acetic acid, five to ten minims, between ends of the bones with hypodermic syringe. Iodine has also succeeded, used in same way.

Surgical Shock. Quinine, six grains, hypodermically, with one third grain of morphia.

Urticaria. Saturated solution of bisulphite of soda, injected directly into the part affected.

Hemoptysis. Sclerotinic acid, substitute for ergotine, five-per-cent solution injected in the neck or arm.

Tumors. Just before removal, hypodermic of half grain of morphia, with a thirty-sixth grain of atropia, directly into the growth.

Chloroform-poisoning. One tenth grain of digitaline, hypodermically, followed an hour afterward with

one tenth grain of atropia in similar manner, has been successful.

Erysipelas. Carbolic acid, three-per-cent solution, eight or ten injections at the same time, so as to surround and cover the inflamed regions; also, salicylic acid in same manner.

Carcinoma. Acetic acid, one part to three of water, injected into the cancer has proved successful in shriveling the tumor and obviating an operation.

Cerebral Apoplexy has been successfully treated by subcutaneous injections of ergotine in the arm.

Hiccough. In an obstinate case, resisting all other means, three eighths grain of chlorohydrate of pilocarpin, hypodermically, quickly proved successful.

Puerperal Convulsions. Chloral subcutaneously has been pronounced better than when swallowed.

Foreign Body in Esophagus. Threatened strangulation from impaction of gullet has been promptly relieved by inducing vomiting. Apomorphia, one tenth grain, hypodermically. Emetina is also suggested in same way.

Strychnia-poisoning. Caffein, one grain, hypodermic; alcohol in same way is also suggested; chloral injections are also mentioned.

Puerperal Eclampsia. Veratrum viride, two to four drops of the tincture, subcutaneously, as required to keep the pulse down to about sixty. Pilocorpin, two-per-cent solution, is also recommended.

Trichinosis. Tincture of ergot and ergotine have effected speedy cures, hypodermically, into muscles affected.

Skin-diseases caused by Animalculæ. Sulphuric, carbolic, salicylic, or sclerotinic acids, hypodermically, as in erysipelas.

Nasal Polypus. Carbolic acid, one part; glycerine, four parts; twenty drops sunk into tumor by means of hypodermic syringe effectually dissipated polypus in case reported.

Eczema. Arseniate of soda, hypodermically, in solutions of one fifth, one half, and one per cent, commencing with ten minims of the weaker and gradually increasing, is recommended.

Nocturnal Enuresis. Two very small doses of the nitrate of strychnia, injected in the vicinity of the rectum at suitable intervals, have proved successful.

Croup. Sulphate of atropia, one-per-cent solution, has proved successful in a desperate case, injected in the neck on level with pneumogastric. Three drops, repeated after four hours.

Congestive Chills. Ten drops of tinct. belladonna, hypodermically, every fifteen minutes, until the pulse became distinguishable, succeeded where the patient was unconscious and unable to swallow, followed by hypodermics of quinine, brandy, or whisky.

Goiter has been successfully treated by subcutaneous injections of ergotine, one third, gradually increased to one grain.

Membranous Croup. Equal parts of water and sol. ferri perchlor. injected into the trachea, piercing the needle through just below the thyroid cartilage, dissolves the membrane, enables its expectoration, and substitutes tracheotomy.

Erectile Tumors have been successfully treated by injections of perchloride of iron and chloride of sodium in solution, the tumor to be surrounded by a ring.

Abortion has been caused by hypodermics of pilocarpin. This should insure caution.

Hemorrhages. Hemoptysis, hematemesis, and uterine hemorrhages have all been arrested by hypodermics of ergotine. If pain, add morphia.

Night-sweats. Atropine has given good results in injections of about one fortieth of a grain at bedtime.

Tetanus. Chloral hydrate is recommended in conjunction with chloroformization, alternating it with other powerful anodynes and antispasmodics.

Infantile Convulsions. Morphia, subcutaneously, with inhalations of five drops of nitrite of amyl immediately following, have proved successful.

Retention of Urine from paralysis of the bladder, accompanying typhus, variola, and hydrocephalus has been promptly overcome by hypodermics of ergot in the fossa behind the great trochanter.

Arrest of Perspiration. Pilocarpin, the alkaloid of jaborandi, will cause more or less profuse sweating, according to amount injected beneath the skin.

Opium-poisoning. Quite rapid recovery is reported to have followed warm hypodermics of fluid extract coffee in thirty-minim doses. Caffein citrate and sulphate atropia are also considered antidotes to opium.

Suspension of Salivary Secretion. Pilocarpin used as heretofore explained excites salivation.

Chorea. Curare, in hypodermics of from one tenth to one twentieth of a grain daily, has been found valuable in this disease.

Obstruction of the Bowels. Aloin has been used with success, subcutaneously, to move the bowels.

Hydrophobia. Much amelioration of the symptoms has followed hypodermics of curare.

Bubo has been aborted by injecting carbolic acid into the center of the swelling.

Syphilis has been treated by solutions of some of the mercurials, injected locally.

Hernia is more easily reduced by giving a hypodermic of morphine with or without atropia.

Dysentery. Morphia, hypodermically, in one-third-grain doses, has been found more rapid in relieving tenesmus than any other opiate.

Epilepsy. Curare, in solution, seven grains in twenty-five minims water, with two drops hydrochloric acid. About once a week inject about eight drops beneath the skin. It has cured cases of several years' standing within two months.

Snake-bites. Ammonia, brandy, carbolic or salicylic acids are all recommended, hypodermically, in case of snake-poison, and have been injected with benefit directly into a vein.

The Comparative Merits of Salicin and Salicylic Acid in Acute Rheumatism.—Dr. Maclagan, in London Lancet:

It is a fact that salicylic acid and salicylate of soda not unfrequently give rise to considerable and even alarming depression. Such an untoward effect is not produced by salicin. From a therapeutic point of view this is one of the most important points of difference between the two remedies. In a disease such as acute rheumatism, in which the heart is apt to be involved, the absence of this tendency to cause depression points out salicin as a much safer remedy than salicylic acid. Its superiority in this respect is specially referred to by Senator, who, curiously, does not seem to see that the fact to which he directs attention is a strong argument against his view that salicin owes its therapeutic virtues to its being converted into salicylic acid in the system.

Of the depressing action of salicylic acid many instances are recorded. Several have come under my notice. The following is of value as the unbiased evidence of an intelligent, well-informed medical man, founded on his own experience of the two drugs. My friend and then neighbor, Dr. Sinclair,

of Dundee, now physician to the infirmary of that town, suffered from an attack of subacute rheumatism last December. Before I saw him he had been taking salicylate of soda in twenty-grain doses, with relief to the pain; but it so depressed him and made him feel so wretched that he said he could not go on with it. I recommended salicin instead. He took it in even larger doses than the salicylate, with speedy relief to his rheumatism and without any untoward effect. On the contrary, he seemed under its influence to regain strength and appetite, and was soon quite well. The following is his own statement, given with his permission:

"Both drugs relieved the pain, tenderness, and swelling, when taken in full doses frequently repeated. But the salicylate, which I employed first, produced some very unpleasant effects. The taste I found to be disagreeably sweet and nauseous. After taking several twenty-grain doses a copious perspiration was produced; the strength of the pulse was very distinctly diminished, while its frequency was increased, and a feeling of most uncomfortable depression, with singing in the ears, ensued. Indeed I hardly know whether the disease or the remedy was the preferable. Salicin, on the other hand, has a pleasantly bitter taste; it improved the tone of my pulse and digestion, and relieved the pains more rapidly. Neither drug gave any relief except when taken in twenty- or thirty-grain doses every hour for from six to twelve consecutive hours. It may be said that had I taken smaller or less frequently repeated doses of the salicylate I might have escaped all the disagreeable effects except the taste—itsself no small a matter. But such doses produced no effect on my rheumatism. To my mind one of the great merits of salicin is the absolute safety with which large doses can be taken. In the course of one period of twenty-four hours I swallowed an ounce of it, with nothing but benefit."

I have seen salicylate of soda produce very alarming depression closely resembling that of the typhoid state. Not long ago I saw in consultation a case in which it was a question whether the fatal result was not due to the depressing action of the salicylate. By some this effect has been attributed to the presence of carbolic acid, consequent on faulty preparation. Such an explanation may have been applicable to some cases, but is not so to all. I have more than once seen marked depression produced by a solution of salicylate of soda in which no trace of such impurity could be found, and which was given to another patient in the same dose without causing any unpleasant effect. The worst effects that I have ever seen follow the administration of large doses of salicin are a sense of fullness in the head and singing in the ears—such symptoms as are commonly produced by large doses of quinine.

Further evidence against Senator's view of the mode of action of salicin we have in the fact that salicin cures cases of chronic rheumatism and of neuralgia in which salicylic acid fails to produce any effect on the ailment.

Excessive Lochia.—Dr. Hugh Miller, of Glasgow, recommends the following in excessive lochial discharge accompanied by a relaxed condition of the uterus:

R Quin. sulph..... ʒ ss;
Acid. hydrobrom..... fl.ʒ vj;
Aquæ font. q. s., ad..... fl.ʒ ij. M.
Sig. Teaspoonful three times daily.

Emollient Treatment of Gonorrhea.—Dr. Louis Bauer, in St. Louis Clinical Record, closes a second article on this subject with the following aphorisms:

1. Gonorrhea is indisputably a local disease.
2. The cause of gonorrhea is local also, and of ephemeral duration.
3. Gonorrhea is inflammatory in character, and, if not disturbed by stimulating treatment, limited to the anterior portion of the urethra.
4. Primarily gonorrhea affects the mucous membrane only.
5. Whatever may be the primary disintegration of the urethral lining by gonorrhea, the structures involved are endowed with the power of spontaneous repair; that is to say, the reproduction of epithelium.
6. The reason why the erythematous inflammation of the urethral canal deserves special consideration and treatment is its special function to serve as an aqueduct for a saline fluid (urine).
7. The only rational indications for the treatment of gonorrhea are (a) To protect the raw surface of the mucous membrane against contact with urine; (b) To dilute the urine by frequent bland beverages, warm (alkaline) baths, and the like; (c) To reduce the inflammation and the hyperesthesia of the nerve papillæ.

By what means these indications are realized is a matter of no consideration so long as they truly fulfill their respective objects.

Dangers of Chlorate of Potassa.—Chlorate of potassa is by no means an indifferent remedy. It can prove and has proved dangerous and fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis. We are not very careful in regard to the doses of alkalies in general, but in regard to the chlorate we ought to be very particular, the more so as the drug, from its well-known either authentic or alleged effects, has risen or descended into the ranks of popular medicines. Chlorate of potassa or soda is used perhaps more than any other drug I am aware of. Its doses in domestic administration are not weighed, but estimated; it is not bought by the dram or ounce, but the ten to twenty cents' worth. It is given indiscriminately to young and old for days or even weeks, for the public are more given to *taking hold* of a remedy than to *heed warnings*, and the profession are no better in many respects. Besides, it has appeared to me, acute nephritis is a much more frequent occurrence now than it was twenty years ago. Chronic nephritis is certainly met with much oftener than formerly, and I know that many a death-certificate ought to bear the inscription of nephritis instead of meningitis, convulsions, or acute pulmonary edema. Why is this? Partly, assuredly, because for twenty years past diphtheria has given rise to numerous cases of nephritis; partly, however, I am afraid, because of the recklessness with which chlorate of potassa has become a popular remedy.—*Dr. A. Jacobi, in Medical Record.*

Foreign Bodies in the Esophagus.—In a lecture upon this subject Professor Verneuil (*Gaz. des Hop.*) directed particular attention to the frequency with which all the symptoms of the presence of a foreign body may persist, even in an alarming manner, and sometimes for a long time (in one case more than a month), after the foreign body has been removed or has descended into the stomach. This is

due to the laceration of the walls of the esophagus produced by the body and the attempts at its removal, and is especially observed in hysterical and nervous subjects. As it is kept up by explorations of the esophagus, these should never be repeated after the diagnosis has been exactly made, and that notwithstanding the persuasions of friends and relatives, who, unaware of the reflex nature of these symptoms, urge the repetition of the explorations. In withdrawing the exploring instrument, either with or without the foreign body, some difficulty may be found at the cricoid ring, where there is a notable projection into the interior of the esophagus, and which is increased by the contraction of the cricoidean muscle. This may be overcome by practicing a half-turning movement, instead of making traction in a direct manner. Prof. Verneuil added that for foreign bodies in general, although in certain cases counseling the utmost promptitude, there are others in which extreme reserve is the best practice. Thus, where the foreign body causes no disturbance of the function of the part in which it is buried, researches for it may do more harm than good; *e. g.* when a needle gets buried in the hand.—*Medical Times and Gazette.*

Salicin a Tonic, Salicylic Acid a Depressant.—Salicin and Salicylic acid are two distinct substances. Being so, they not unlikely have different actions on the system. It is possible that they may be eliminated from the system in the same form. There is some evidence to show that such is the case, and that both are eliminated as salicyluric acid. But it is to be specially noted that their therapeutic effects have been produced and their full action on the system exercised before they have reached the stage of elimination and before they have undergone the changes which immediately precede it. Observation and evidence show that their action on the system is different; that the action of salicin is tonic, while that of salicylic acid is depressing, sometimes alarmingly so. This difference, be it noted (and the point is an important one), is quite compatible with their exercising an identical action on the rheumatic poison, and evidence all tends to show that their action in this respect is the same. To get the full beneficial effects of either remedy it is necessary to give it in large and frequently-repeated doses—twenty to thirty grains, at first every hour, and then every two, three, or four hours, as the symptoms decline. Salicylic acid and salicylate of soda can not be given in such dose without some risk. Salicin may thus be given without fear.—*Dr. MacLagan, in London Lancet.*

Treatment of Malarial Hemorrhage.—As the mineral astringents, with only a slight exception in favor of ferrous chloride and alumina sulphate, proved of no benefit, the main reliance was on opium administered according to indication, and on spirits of turpentine as soon as this could be retained by the stomach. The spirits of turpentine, given in doses varying from twenty to sixty minims, in connection with laudanum, had good effect in my hands, and as a styptic had no superior. Quinia was absolutely of no use during the continuance of the sanguineous emissions, but afterward proved serviceable in combination with tincture of chloride of iron. With the exception of a laxative dose—usually of calomel—to obviate visceral obstruction, and nitrate of silver to relieve nausea and revulsives, these constituted the main treatment.—*A. G. Tebault, M. D., in Virginia Medical Monthly.*

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EDITORS.

AT MEMPHIS.

The situation at Memphis may be thus detailed: On the 10th of July, as previously noted, the local Board of Health officially announced a death from yellow fever. This was immediately followed by other cases of the disease, making a total of five, with four deaths. On July 11th the Board of Health, which the day before had pronounced the disease probably sporadic, issued its manifesto advising the people to flee for safety until the nature of the outbreak could be determined. Of course a general panic ensued, and the city was depopulated of several thousand of its inhabitants. Up to the present writing—July 17th—no other cases have been reported since the first group, and confidence is returning. The panic, in fact, spent itself in a couple of days; and though ample provision was made by the lines of travel to remove the people, cars and steamboats came away empty, and many who fled have returned.

Of course the event of July 10th turned the eyes of the whole country upon the ill-starred city. They had in fact been glancing thitherward for several months before, and probably few days have passed since the closing of the terrible epidemic of 1878 that each one has not pondered upon what might be the experience of 1879.

Speculations of this sort must of course now be the staple of general conversation among people who live within the lines of danger or sympathy; and they will be nothing but speculations, for it is given to no

man to tell what shall be the future of yellow fever.

By all the rules and regulations of the National Board of Health, fever to be yellow must enter at one of the national ports. But let that pass. This much we may know, there have been five cases of yellow fever in Memphis this season, pronounced such by men who have had sadly sufficient experience in determining such matters. We know such a number does not necessarily mean an epidemic; that every year there are cases in the haunts of the fever, and oftenest they have not spread; and we know, too, that there is nothing to distinguish the sporadic from the epidemic form but in the addition of the death-list. We know that the deadly Bayou Gayosa still lies undrained in the heart of Memphis, defying with its stinking breath the crippled energies of the bankrupt people; that some efforts at repair of streets have been made by private subscription, but that in the main these must still be bad; that those who made money in its cotton-markets by winter have fled by summer; but that those who are helpless by poverty and stunned into indifference by fortune still remain; and with such a view as this one must think that here at least is lodging and food for fever. But upon the other hand, looking beyond the record of 1878, we know that a similar state of affairs has often prevailed in Memphis, and that the epidemic years have been exceptional. Therefore we say that he is a sodden ass who will declare that he knows whether or not yellow fever will prevail at Memphis this year. We dare not to write upon this page before us a single assertion as to whether this or that shall be, lest to-morrow, when

it meets the eyes of the profession, events prove that we are but gabblers. Still, from that eternal hope which can not but spring higher as each day of immunity passes by, we can trust at least that the distress of Memphis, with the sad spectacle of the sacrifices and selfishness which must follow in its train throughout the land, may be turned aside this year.

THE SANITARY SAFETY OF SLEEPING-CARS.

Of course, when the two great overseers of public health—the National Board and the Sanitary Council of the Mississippi Valley—came together in Atlanta, one of the greatest questions with which they had to grapple was the proper regulations of inland travel. A seaboard quarantine under the guns of the government was a practicable enough affair; but what to do with the people who go down the great rivers in steamboats, and through the great land in steam-cars, was a much more difficult problem. It is in fact the sanitary question of all others. If the yellow fever, cholera, or other scourge should come into the country and quietly take up its abode in New Orleans or Memphis, while it slew its victims it would undoubtedly rouse the sympathies of the nation; but when it packs up its little germ, real or imaginary, and takes it dead-head passage, by rail or river, to pay its uninvited visits throughout the land, then it rouses the selfishness of the people. How to make travel secure against disease for those who travel and for those who are traveled through is, we say, the great question of the day.

The Sanitary Council did some very good work under this head, and in a pamphlet published under its direction has promulgated a number of excellent suggestions covering the general sanitation of inland carriers, and special precautions to be used during the prevalence of epidemics. We select for discussion just one topic here—that which relates to the management of sleeping-cars—first, because a great deal has

been said about them, and much has been feared from them; and again, because an examination of the subject reveals a very pleasantly surprising state of affairs, in which the wisdom of science has been outsped by the demands of commerce. Pleasantly surprising, we say; for the hope is raised that the good sense shown in the management of this class of carriers may have been imitated in other modes of travel a little more than we wiseacres are fain to believe, and to the genius and incentive of gain many regulations for sanitary safety may be trusted when such security happens to be a chief item of stock in trade.

Let us contrast what the Sanitary Council advised in May last and what were the actual regulations of the Southern Pullman Car Company in force for years past. Says the Council:

No sleeping-car shall be allowed to remain in an infected town, nor shall any sleeping-car approach nearer an infected place than the point of transfer. Any passenger-car leaving an infected place shall be thoroughly ventilated during its passage to the place of transfer, by having not less than one half of the windows of the cars open during such passage.

The upholstered seats of passenger- and sleeping-cars and the mattresses and pillows of sleeping-cars shall be thoroughly whipped or beaten (in the open air so far as practicable), and brushed free from all dust, and thoroughly aired and sunned at the end of each trip. The blankets and curtains of all sleeping-cars shall also be beaten and aired in the same way. In case of infection of a passenger-car or of a sleeping-car, all the upholstery, cushions, curtains, bedding, mattresses, etc. shall be thoroughly disinfected, under the supervision of a medical officer, before being again used.

All railroad-cars should at all times be well ventilated. The freight-cars, when loaded, should have barred doors to permit the free entrance of air at all times, whether moving on the track or placed upon the sidings; and passenger- and sleeping-cars should be provided with automatic ventilators, so as to secure a rapid change of air in the cars at all times.

Now these propositions were discussed by the very best sanitarians in the nation, from Massachusetts to Florida, and were claimed by them to contain the best precautions for safety. They were reported to the company for its action, and the management

shows in its reply that it has not only met these demands, but has greatly exceeded them in many important particulars; that in fact much of what the Council has demanded as precautionary measures in times of epidemic danger is but a part of the ordinary regulations of the company for all times. The report says that early in July of 1878, when rumors of the plague began to rise, although arrangements for disinfection were perfected, and

By the time the tide of travel set northward the system was in full operation under rigid discipline . . . Pure carbolic acid was exposed in open vessels in every car while *en route*. At terminal points every car was thoroughly cleaned; all bedding, seats, carpets, every thing movable in the car were taken out, whipped, brushed, and fumigated in a close room with sulphur. Each car was scrubbed inside and out, and then closed and fumigated with sulphur; and after this process cars and equipments were exposed to the air for several hours and again liberally sprinkled with carbolic acid, which was also kept constantly in the spittoons; and the cars were thoroughly ventilated while *en route* by open doors, windows, and deck-sash.

And mark now this special point, for on the ignorance of it very specious theories have been built to account for the spread of fever:

As soon as the disease was declared epidemic in New Orleans, Memphis, and other points, *our cars were withdrawn*. . . . We had one line of sleepers only which continued unbroken through the entire epidemic—the line from New Orleans to Cincinnati *via* Milan.

This line passed around the city of Louisville several miles to the southward, and not one of its cars or their equipments entered the city, but were received and disinfected at the terminus in Cincinnati.

Other important points are noted: That no case of fever was ever traced to the cars of the company; and in the very few cases when it was developed upon board of such, among passengers from the infected districts, they were removed at the first station and all contaminated equipments destroyed; and finally, that the company has always sought, and always will be glad to receive, suggestions in regard to sanitation from the rec-

ognized authorities of the country, which, however severe, they will carry out to the letter.

From the conduct of the Southern Pullman Car Company during the epidemic of 1878, it is reasonable to suppose that we can trust to its foresight and discipline should it unfortunately happen that 1879 is to be marked with like horrors. Indeed their order-book shows that several days before the general public even at Memphis knew of the trouble which developed there upon the 10th of July of this year, the usual precautionary orders had been issued.

But it is probably the custom of the company in ordinary times, when not acting under the incentive of fear, that is of most interest to the people. What precautions are then taken to insure them against carrying disease? Here are some of them: Every car is as thoroughly dismantled after *every trip* (long or short) is over as is a ship when it goes out of commission. Every movable object is taken from it—beds, bedding, seats, curtains, and carpets—which are whipped, shaken, and exposed to the sun. The car being reduced to its frame, a company of char-women (and they are far better cleaners than men) scrub it within and without with soap, and when it is dried, polish it in every crack and cranny anew. Perpetual disinfectants stand in the closets. No housewife in the country can boast of fresher linen. Not only a dirty sheet, but one that is not perfectly fresh or a damp one, proved will effect the discharge of the employe. There are double ticks upon mattress and pillow, and no bed shall be spread without slip and linen; the renovation of feathers and hair is done at short intervals; the ventilation is systematic and under constant surveillance; fresh air is forced upon the inmates; no one with contagious disease is allowed to enter. Indeed it would seem that what with the exclusiveness of price, with enforced cleanliness and the natural ventilation secured by the rushing draughts, nine persons out of ten when they step into a Pullman car step into far better hygienic

surroundings than they were ever accustomed to; and, if it did not sound like exaggeration, we would declare that ordinarily, so far from their offering any danger to health, they are, sanitarily speaking, among the safest of summer-resorts.

But how do we know all these things? By taking the trouble to find out. The question is one of the greatest importance in a medical point of view, and it became us as medical journalists to study it and report. And it is not only by inquiry and common-sense inference, but by personal inspection that we can say what we have said.

The Southern Pullman Car Company (and we suppose, of course, the Northern Company also) offers as complete immunity from disease to the traveler as human ingenuity can devise. The executive ability of the general company (north and south) has been shown to be of the best the country affords. Its subdivisions are under the management of men most of whom are of military education, used to the exaction of rigid discipline.

The honor and profit of the company alike demand that confidence in its power to guard against disease shall be unbroken. A suspicion as to its chastity in this regard affects its dividends no less than its conscience. It is too good a thing to be damaged by neglect, and too powerful an interest not to get the best that science and art afford.

EVERY MAN HIS OWN COOLER.

To keep things cool do n't put them on the ice, but put the ice upon the things. This piece of wisdom was not imparted to us by our grandmother; and, judging from the traditional ignorance displayed around us upon the subject, we should say that the penultimate generation generally was not sound upon the great questions of summer. The ancient ice-box was a humbug—a delusion to victuals and a snare for musty smells. The modern refrigerator is built upon the proper principle—that cold air descends

and hot air goes up; but it still has many imperfections in scant packing and complicated drainage. The best possible refrigerator would be constructed on the "Nyce Fruit House" plan, and be protected on all sides as well as top and bottom with a non-conductor of heat, which in the order of perfection is as follows: Wool, cotton, cottonseed, planing-mill shavings, charcoal, and sawdust. The space occupied by this non-conductor should be from six inches to a foot in width. The outside case may be made of wood; the inside should be of galvanized iron, with a partition of the same dividing it into two compartments; one fourth of the space in the upper, which is to contain the ice and three fourths below in which the things to be kept cool are put. A drain-pipe is put into the ice-apartment, and the doors and lid are made air-tight. All of which requires a mechanic of course to construct; but for very many purposes almost any one can make an excellent refrigerator on the same principle in the following manner: Take two dry-goods boxes, one six inches smaller in each direction than the other. Put one inside the other and pack the space with any of the materials named. Put slats across the inside box near the top on which to rest the ice, and use a *bag* of sawdust or any other non-conducting material for a lid. This is the only way an amateur is likely to make it air tight. The whole affair will cost a dollar or two, and for many purposes far surpasses many of the most elaborate refrigerators. No one has tasted a cold melon until he has tried one which has been six or eight hours in such a box. There is no arrangement here made for drainage, and materials spoilable by water will of course have to be put in water-tight vessels.

To keep milk cool at night for children, put it either "loose" or in bottles in one crock, on top of this put another crock of a size to pass one inch or so into the other, filled with ice, with woolen upon top of it, and over the whole spread a blanket.

We are quite certain that these prescriptions will beat capsicum for summer comfort.

A DOSE OF THE UNVARNISHED.

The action of the Board of Health of Memphis in advising the flight of the citizens upon the appearance of five cases of yellow fever can not be commended too highly. We shall applaud it to the echo, even if this comes back from deserted walls. In spite of the fact that no new cases of fever have developed since the flight, it was the safe thing and wise thing for the board to do; and no man can say that its prompt action did not have something to do in stopping the fever, which feeds on human crowds. The memory of 1878 was too fresh in its mind to hesitate while the gates of almost every city in the South where refuge was practicable were being closed. Quick as they were, the drawbridge was raised and portcullis dropped in more towns than one.

The doctors did not make too much capital last year. There was a little sentiment over the dead from their ranks behind the walls of the beleaguered cities, but their chief portion was in abuse. Not a few seemed to think that they were directly responsible for the fever, and there were many who were disgusted that the whole profession did not know as much about it, its causes and its prevention, as the sub-editor of an ordinary daily newspaper. Certainly the doctors lost most capital when they attempted to assuage the fears of the people. They were idiots when they could not tell, and liars when they did; and so we trust they will not attempt this year the role of comforting the populace, which will not be comforted.

The Board of Health at Memphis has been severely condemned, we hear, for its premature action. We will lay two to one that if the list of subscribers to the streets and sewers is shown to us we can tell where condemnation is not, and we will lay five to two that the next time the Memphis Board publishes a bulletin it will not be accused of suppressing facts.

The confidence established in the board that it will tell the truth already turns the faces of the fleeing Memphians homeward.

FOR the testimonials in regard to the character of our journal which are published in other pages of this issue we are of course profoundly grateful. However much judgment may have been mellowed by friendship, and praise beyond desert been given, such widespread and hearty approval is sweet indeed to receive. If in our own conscience we lack the merit to which it points, it surely fires the will and spurs ambition to deserve it; and to such ends do we bend our every energy.

A PHYSICIAN, "thirty-two years old and of good personal appearance," advertises in the Chicago Medical Journal for a practice. The market for such is somewhat overstocked in Louisville, but we could tell him privately of a friend of ours in Michigan who would probably like to reduce his average with such a partnership.

DR. ETHERIDGE, of the Rush College, writes to the Chicago Medical Journal that for a young doctor of proper qualifications he knows an opening where two or three thousand dollars a year can be obtained right away. An immediate depopulation of doctors along the Ohio is expected, with a probability of calling in a portion of the European reserve.

YALE COLLEGE has conferred the degree of LL. D. upon Dr. William H. Van Buren, of New York. Certainly it could not have made a better choice. Dr. Van Buren's contributions to the literature and art of surgery rank him among the foremost men of the day. This is the first time Yale College has conferred this honor upon a member of the medical profession. It could not have made a better start.

As we go to press (July 17th, P. M.) the report comes through the dispatches of the Associated Press of five new cases of yellow fever at Memphis.

Original.

MEMORANDA CONCERNING HEAT-STROKE.

BY J. W. HOLLAND, M. D.

Professor of Therapeutics, Medical Chemistry, and Diseases of Nervous System, University of Louisville.

Heat-stroke takes three forms—syncope, apoplexy, and, in infants, eclampsia accompanied by diarrhea.

Syncope is the most dangerous form, as it may occur without warning and death ensue before remedies can be applied.

The symptoms which denote an impending syncopal stroke are a stinging hot and dry skin, red and staring eyes, giddiness and a tight feeling about the temples, sudden faintness and failure of the pulse.

Apoplexy proceeds more slowly: In addition to the above premonitions, there may be aberration of mind, frequent micturition and constipation, a pulse quick and sharp. The mania merges into drowsiness, insensibility, coma, or convulsions and death. The distinguishing feature from ordinary apoplexy or syncope of cardiac disease is very high body-heat.

A heat-stroke of the cerebral form, if recovered from, may leave the health permanently impaired. Headache more or less constant, low spirits, lost ambition, disinclination to exertion, fretful temper, and weakened intellect with or without epilepsy are the sequelæ found in a certain proportion of cases.

The attack in infants often occurs at night. Overcrowding of the bedroom is the usual auxiliary of the heat. Perspiration ceases, the skin is hot and dry, severe diarrhea with or without vomiting, and nervous symptoms of a grave character quickly follow. Death may occur after convulsions and coma, or by syncope in a few hours from the initial symptoms. Such cases may be mistaken for enteritis or convulsions dependent upon difficult dentition. The pathology is probably identical with the ordinary forms of sunstroke as recognized in adults.

A temperature of 90° F. for twenty-four hours is dangerous to delicate subjects. If at night it remains at or above that point, appliances for keeping cool should be put to use. In India the standing military order is that when this danger-point at night prevails the troops are scattered, leave barracks for tents, and douche the canvas with buck-

ets of water to lessen the heat by evaporation.

To keep cool: Thin out the bedrooms, distributing the sleepers as far apart as is convenient. A momentary cold bath may be given and repeated, wet sheets hung about the room and large masses of ice allowed to melt in tubs, will lower the heat perceptibly. Free potations of cold water should be encouraged.

To prevent the stroke as well as the minor ill effects of continued high temperature, it would be worth while to urge all who can to avoid hard labor during the heat of the day, wear light and loose clothing, shear off superfluous hair, and protect the head and neck from the direct rays of the sun by an umbrella.

Chronic invalids, convalescents from acute disease, and those who have had previous attacks should be especially careful. The tonics, quinine, strychnine, arsenic, as well as other agents which diminish tissue-waste, such as tea and coffee, are to be commended when enfeebled health renders the subject prone to suffer from his unavoidably hot surroundings.

Treatment: If the skin is hot and dry, after removal to the shade, strip the patient and pour cold water over head and bared trunk. Let this be repeated again and again, until respiration and a cool surface are established. Give him large draughts of ice-water. Vomiting is helpful. If the skin is cold and damp, the douche should be used with caution. A large injection of cold water will cool the body and remove constipation. To stimulate the heart, alcoholic drinks or the compound spirits of ether or inhalations of nitrite amyl and ammonia may be employed. The after-treatment may call for a purgative and free doses of quinine as an antipyretic. As an adjunct to the douche, a blister to the nape of the neck may be needed to keep up sensibility.

To relieve the infantile attacks, pack the patient in a wet sheet and ply the fan to lower the temperature, giving aconite in small and frequent doses with large draughts of cold water. Such measures are more rational and more successful than astringents and antispasmodics. The eclampsia and diarrhea cease, the fever abates, and a healthy sleep ensues. To maintain this condition every means should be resorted to in order to secure and maintain an atmosphere cool and pure.

RECURRENT CANCER OF THE BREAST.

BY DAVID W. YANDELL, M. D.

Professor of Surgery and Clinical Surgery, University of Louisville.

The extracts from the paper of Professor McGraw on malignant disease, the editorial comments of the LOUISVILLE MEDICAL NEWS on the opinions of this distinguished surgeon, and the interesting case of recurrent cancer of the breast reported by Dr. W. O. Roberts lead me to contribute the following. It will be remarked that as far as a single case can go it serves to confirm the correctness of Dr. McGraw's practice, both as regards the good of attacking recurring cancer and, where it is possible, avoiding rupture of the capsule of the tumor.

Mrs. —, aged forty, living in Missouri, the wife of a physician and the mother of several children, was of good health until the spring of 1873. At this time she observed in her right breast a small tumor, which grew with such rapidity that the following winter it had acquired the size of a child's head. The following winter the patient came to Louisville, and I removed the mass, having no trouble in turning it out entire. I cut wide and dissected out whatever seemed suspicious. The wound healed kindly. The tumor was clearly encephaloid. Twenty months after—the family in the meantime having removed to Kentucky—another tumor showed itself to the right of and a little above the upper line of the cicatrix. It rapidly grew to the size of the first, when I removed it also. The patient soon returned home and made a good recovery. She was advised that in the event of a recurrence of the disease she should have it attacked before it had acquired any considerable size. In eight months after a third tumor appeared nearer to the axilla. It was removed when the size of an orange by Dr. Roberts, I being sick at the time. In six other months I repeated the operation on a tumor of like size. Eight months subsequently all the tissues in the axilla became involved, and no further operative interference seemed possible; the general health, which during this entire period had remained comparatively good, gave way, and the patient sank and died.

In all, five operations were performed, and I think it may be safely said that they added four years to the patient's life—years during which, except when recovering from the effects of the knife, she got much comfort and was able to direct the interests of a large and pleasant household.

A SUMMER AND WINTER CATARRH.

BY W. D. HOLLEMAN.

The last week of December, 1878, and the first two of January, 1879, were the coldest and most severe we had last winter. For that space of time the ground was covered with snow and ice. After this we had a great deal of rain. Following this severe weather there broke out an epidemic catarrhal fever, which has continued up to the present time (June 15).

This influenza is usually ushered in by chilly sensations, followed by flushes of heat, frontal headache, aching pains in the back and limbs, restlessness, lassitude, and debility. Febrile movement follows, which is never very high—the temperature rarely above 103° . The urine is scanty and high-colored. Catarrh of some part of the mucous structure is present in the majority of cases. The nervous system always participates more or less in the general disturbance.

This disease observes the law of periodicity. It is sometimes intermittent and sometimes remittent. The tongue is always pale and frequently enlarged, flabby, and teeth-indented. The complexion is anemic.

This catarrhal fever is widely prevalent. In this section of country few have escaped its influence, and many have had repeated attacks of it. It varies greatly in intensity, from the mildest to the severest cases. This malady as it has appeared among us has not been very fatal, but it is characterized by rapid depression.

At the beginning of this epidemic the catarrhal symptoms were usually expressed upon the mucous membrane of the air-passages; but this was not always so. Gastro-intestinal instead of bronchial catarrh was observed in a small proportion of cases. At the present time, however, we rarely see a case of the bronchial affection, while diarrhea is the most common form of the disease.

When this affection manifests itself locally upon the air-passages it generally commences with chilliness, followed by flushes of heat, frontal headache, sneezing, discharge of glairy mucus from the nostrils, sore throat, and more or less bronchial irritation. Aching pains in the back and limbs and pain in the brow and back of the neck are frequent symptoms. Neuralgia is not very uncommon, especially trifacial, brachial, intercostal, and sciatic. Numbness and tingling in the extremities and burning sensations in the skin are occasional symptoms. During the prevalence of this epidemic pneumonia has been

rare in this section of country. The inflammation is apt to extend from the nasal mucous membrane to the frontal and maxillary sinuses, to the lachrymal ducts and conjunctiva, and into the eustachian tube and tympanum.

When this catarrhal fever expresses itself upon the gastro-intestinal mucous tract it is generally preceded for two or three days by aching pains in the back and limbs, headache, slight cramping pains in the abdomen, indisposition to exertion, impaired appetite, and general malaise. Finally the attack is ushered in by chilly sensations, followed by flushes of heat, diarrhea, and sometimes nausea and vomiting. This takes place at the time of a diurnal paroxysm of the premonitory symptoms. Febrile movement follows. The diarrhea is at first feculent, and afterward becomes catarrhal. The evacuations are frequently streaked with blood and of an offensive odor. Tormina and tenesmus are present in the majority of cases. This diarrhea sometimes terminates in dysentery.

This catarrhal affection of the bowels is very depressing in its effects, and is not well borne by the very young, the very old, or the debilitated. In infants this disease closely resembles the intestinal inflammation of that age. In some cases of this intestinal catarrh the bladder and urethra become irritated, and a frequent desire to pass water, with dysuria, is induced. In women the uterus and vagina occasionally suffer from this catarrh. Pregnant females are generally threatened with abortion when attacked with this form of the disease. Those laboring under diseases peculiar to their sex, especially prolapsus uteri and oöphoria, are apt to suffer a great deal more from such diseases while under the influence of this epidemic affection.

In a great many instances the catarrhal symptoms are not present. In some cases the nervous system appears to bear the brunt of the disease. In these cases there is a display of a great variety of nervous phenomena. Sometimes the disturbance is directed particularly to the pneumogastric nerves. I have seen one case in which the phrenic nerves were involved, as shown by the rapid spasmodic contractions of the diaphragm.

It appears to me that malaria plays an important part in the causation of this disease.

In the treatment of this affection I place my chief reliance on quinine and iron. Quinine in antiperiodic doses generally interrupts the paroxysms at once. Following this, quinia and iron as a tonic prove serviceable.

Sometimes strychnia is required in obstinate cases. Opium and camphor are sometimes very useful. Ipecac is a valuable remedy in the diarrheal form of this affection, especially in young children, if given cautiously. Abstinence from water of course is necessary while giving the ipecac. Cathartics are indicated in some cases. Sometimes astringents are required. Stimulants and a nutritious diet are beneficial, and in some cases essentially necessary to the recovery of the patient.

GLENFAWN, TEXAS.

Correspondence.

LONDON LETTER.

To the News:

"Doctors will differ" is a proverb daily quoted by the ignorant as a reproach to the medical profession, as if it had alone its origin in the differences among the teachers and practitioners of the healing art. Although the proverb was born of the dissensions among the doctors of divinity and the doctors of law, it is saddled by the public upon us of medicine; and while far less applicable to us than to the others, we can not deny that more than occasionally differences of opinion are encountered in our profession. A striking instance of this is found in London among medical men as to the question of alcohol as a beverage. Fothergill, the brilliant and eloquent and ardent and strong, says it is not only wholesome, but necessary to the human organism, and that a nation of teetotalers is invariably a static nation, if not positively degenerating. And he declares that to Kentucky whisky is due the excellence of its people. The great and dashing surgeon, Sir Henry Thompson, declares that the use of alcoholic drinks is poisonous, and that their use except as medicines is wholly and terribly evil. Mr. Erasmus Wilson, distinguished as an anatomist, as a surgeon, and certainly the wisest of dermatologists, and a successful author and teacher, poopooes as nonsense and denounces as fanaticism the war that is waging against alcoholic beverages. He says you might as well say that cod-liver oil is poisonous. Dr. Richardson, great as a discoverer, as an inventor, as a writer, and whose influence in the profession and with the people is second to no man's in Great Britain, holds alcohol to be the most abundant of all sources of disease, and especially

the most terrible enemy to those who live by their brains. He says it mows down more men in the professions of medicine, law, and journalism than all the other causes of disease, killing them by gout and rheumatism and heart and arterial troubles and brain-disease and so on. Dr. Bucknill, the great alienist and a truly great man, has no patience with the total abstinence movement. Wine or beer, or some form of alcoholic stimulant, he declares is necessary to health in this climate, whatever it may be elsewhere. Desiring to learn, and being of an investigating turn of mind, I shall take soda-water and cold tea and lemonade with the gentlemen on the one side, and wine and its kindred with those upon the other side of the question, and report the results at a future day.

As to drinking plain water here, that is out of the question. London water—and all English water, so far as my observation goes—is utterly abominable; and until palatable and wholesome drinking-water is furnished the people I fear the temperance wave must move slowly.

The drink of this country costs far more than its food. I am surprised, however, to see the change that has occurred in London since 1867 in the matter of drinking. Excessive indulgence in alcohol is conspicuously less frequent than it was at the period mentioned. Drunkenness is now rarely seen on the streets; then it was common. Wine at dinner-parties is taken with greater moderation than I have ever known it elsewhere, and the complexion of the people upon the streets is much more rarely alcoholically colored than it used to be. Hard times and scarcity of money are said to be the chief sources of the increased temperance in the poorer classes; but doubtless some of it is due to the establishment of public houses where coffee and tea and milk and lemonade and other unintoxicating drinks may be procured at a trifling cost, and also to the knowledge spread abroad by Richardson and others that alcohol is not necessary to health, even if it be not positively poisonous.

London is full of Americans, and the medical profession is represented by Horatio Wood, DaCosta of Philadelphia, White of Utica, Gun of Chicago, and soon Lewis Sayre will be here. He is to read a report to the British Medical Association in Cork. Keyes, of New York, was over for a brief sojourn, and these are all men of whom America has "no reason to be ashamed," as the English would put it, or as I would put it,

men of whom America has reason to be proud.

There is a quiet murmur that one hears confidentially now and then that American doctors are possibly a trifle diffuse in granting letters of introduction. Life is costly in London and time is precious; and when an ignoramus or an idiot is commended to those busy men by foreign friends, many precious moments are often wastefully consumed in courtesies to them. Letters of introduction, by the way, to one who goes to Europe to see the hospitals and schools are a useless trouble. A strong letter of credit on your banker is all you want. He will give you directions for seeing the wonders and amusements and for making purchases, and in the *Lancet* and *British Medical Journal* you can find the operating days at the hospitals, and in *Dickens's Guide to London*, costing a shilling, you have full directions as to every thing to be seen. Of course if one cares to go into social life, friendly letters of introduction are well.

The hospitals here are always full; and as scrofula abounds, and more injuries occur on the London streets than in the whole of England besides, the surgeons have an enormous amount of bloody work to do. The hospital inmates look just as with us and in hospitals all over the world. Scrofula is (including consumption) the most abundant source of the chronic cases; and alcohol, malaria, and cold are the most abundant sources of the acute maladies, barring, of course, the exanthems. While the evidences of malarial poison are not so common here as at home, yet they are abundant, especially in the less-favored classes. But among the people better off one hears no little of agues. Of course their origin in London is strenuously denied always. They get their intermittents here from France, or Hungary, or Italy, or other foreign country, so they declare. How alike people are, the world over! When one inquires in America concerning agues, if in the country, one is told that it is on the farm beyond, or this side, or on another road, and never just where one happens to be. If in the city, it is on some other street than the one where the interrogated person lives. This is when you inquire of the residents. How the human race is given to self-deception!—not to put it stronger.

A large majority of the practitioners that I have met here practice on physiological principles—give antizymotics, antiseptics, antipyretics, and believe in the positively-

proved and useful antagonistic powers of drugs. In other words, their practice is founded on a beautiful and plausible theory, and not on demonstrated truths. A very significant and important fact, however, is this, the druggists of whom I inquire tell me that quinia is more given than any other medicine, and that its use is constantly increasing in London.

There is no sign of summer yet. Every day more or less rain falls, the sun shines seldom and briefly, and the mornings and evenings are uncomfortably cold. I should have sought a warmer land could I have gotten to one readily, but the same weather is reported all over Europe. In about two weeks I shall probably go to France.

L. P. YANDELL.

SAVILE CLUB, LONDON, June 29, 1879.

To the Editors of the Louisville Medical News:

Last Saturday, when using a thermometer (one of "Aiken's Principle") in a case of sunstroke, the mercury went up to the top of the instrument, which registered 112° F. The idea naturally occurred to me that had the thermometer a higher register might it not have shown a greater temperature? I do not remember ever to have heard of the mercury in any disease going above 112 F.; but may this not have been due to the thermometers not registering any higher? and would it not be advisable, in making them, for the manufacturers to increase their register, so we might see how high it is possible for the mercury to go in such cases? The instrument used in the case referred to I have every reason to believe to be correct, as it has been frequently tested since and found to be so.

W. O. ROBERTS.

LOUISVILLE.

A NEW INSECT-POWDER.—The wild rosemary (*Ledum palustre*) is said to be a first-rate plant for the destruction of all kinds of annoying insects, and may be usefully employed as a substitute for pyrethrum or "Persian insect-powder." It can be used dried and pulverized, or used fresh. The tincture readily relieves the itching from bites of gnats and mosquitoes. Glycerine added to the tincture, and rubbed on the hands and skin, is a protection. The plant grows wild in Europe and the northern parts of America, and may be obtained at less cost than the pyrethrum.—*Druggists' Circular*.

Reviews.

Lessons in Gynecology. By WILLIAM GOODELL, A. M., M. D., Physician in Charge to the Preston Retreat, Professor of Clinical Gynecology, University of Pennsylvania, etc. With eighty illustrations. 8vo, pp. 377. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1879.

The number of extracts which have appeared in this journal from the gynecological papers furnished from time to time to the periodical press by Prof. Goodell have already given our readers an introduction to his style. It is an admirable one. He says in the written preface to the present volume that "a busy life and a slow pen have long kept me from writing a book." Certainly the profession is to be congratulated that the "busy life" furnished such important experience, and that the "slow pen" has recorded it in so surely and in such a captivating manner.

The book is what its title indicates—lessons, which were in the main given to the advanced students of the University of Pennsylvania. They are in the highest style of clinical art, comprehensive, clear, and eliciting all the interest which a thorough knowledge of the subject and a thorough master of the pen could bring forth.

Diseases of the Throat and Nasal Passages:

A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Esophagus, Trachea, Larynx, and Nares. By J. SOLIS COHEN, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Medical College, Philadelphia, etc. Second edition, revised and amended, with two hundred and eight illustrations. New York: William Wood & Co. 1879.

This is a well-made book of seven hundred and forty-two pages. It is fully apace with the times, containing the principal researches in the department to which it is devoted. It shows that the author has spared no pains to make it thorough and complete. Be it said to the credit of Dr. Cohen, that, although a work of a specialist, his book is as free as it is possible from dogmatical assertions. This of itself is sufficient to insure its popularity. There are many things to commend the work. The greatest objection is its great size; but it will be many a day before its equal is placed before the profession. On a future occasion we will more thoroughly examine the work of this eminent authority. Our object now is to call attention to the new edition.

Miscellany.

EFFECTS OF LONG ENGAGEMENTS ON THE HEALTH OF WOMEN.—The following very interesting and instructive extract is from Professor Goodell's *Lessons in Gynecology*—just published: Long engagements, by keeping up a wearing nervous erethism, are not only recognized, but even classified by alienists as one of the causes of insanity in women. Much more frequently the nervous exaltation is spent upon the reproductive organs; for there follows an awakening of sense which is not, as in man, appeased by the distractions of business pursuits. Uterine trouble from this source any open-eyed physician will over and over again see. Now it is true that in love affairs the physician must be no meddler; match-making is certainly not his business. But as a tried and valued friend, as a brother beloved, he can speak out when others may not even hint. Or when consulted by the anxious mother about symptoms in her daughter, plainly referable to the reproductive organs, he can disclose the cause, and thus be the means of hastening on the cure.

If the caresses of lovers are prejudicial to good health, every like relation between the sexes must be exposed to like dangers. In too many rural districts and in the lower classes of citizens such license is tolerated in the social intercourse between the youth of each sex as must be destructive both to good health and to good morals. But since it is not to my present purpose to appear as a social reformer, I shall confine my remarks to the hygienic aspect of the subject. The "old folks" are shelved too soon. Young people are left too much to themselves and thrown too much together. Their social gatherings are too rarely presided over by their mothers or their seniors. As a very natural consequence, their games become coarse, their forfeits immodest, and little by little this freedom from restraint is liable finally to degenerate into such gross familiarities as would be improper between even affianced lovers. An unnatural sexual excitement is thus kept up, which must do physical harm. Of the moral harm I say nothing. In this matter I am plainly at a loss to see how a physician can interfere in any other way than by setting a good example in the order and decorum of his own household. A nimbler wit than mine may work out some better way; if so, his be the credit; I do but throw out hints.

FREE QUININE.

[From New York Sun, slightly adapted to the Southern market.]

Rejoicings ring throughout the land.

Quinine is free! Quinine is free!

Its bonds are burst, its shackles fall.

Send the glad news to one and all,

Through shanty, tenement, and hall—

Quinine is free! Quinine is free!

Malaria flies in wild alarm.

Quinine is free! Quinine is free!

And fever hides her burning head,

And ague totters off in dread—

Economy quinine has wed!

Quinine is free! Quinine is free!

Up goes the price of suburb lots.

Quinine is free! Quinine is free!

The red feet may be happy yet;

Cincinnati may her villas let;

And Memphis even pay her debt.

Quinine is free! Quinine is free!

Alabama, Georgia, hail!

Quinine is free! Quinine is free!

Carolina, Arkan-sas,

Mississippi, far Tex-as—

Hail! every place in each morass.

Quinine is free! Quinine is free!

Now all one saves in suburb rent—

Quinine is free! Quinine is free!—

In dollars, dimes, in cents and mills,

Wont go to pay the doctors' bills,

Or druggists' for Peruvian pills.

Quinine is free! Quinine is free!

Hope dawns again upon our land.

Quinine is free! Quinine is free!

All joyful shout from near and far,

"Hail, quinine, sugar-coated star!"

And ague trills "Hurrah! hurrah!"

Quinine is free! Quinine is free!

CREMATION.—The municipal council of Udine has lately published a decree in which it declares that, after having duly weighed and considered the advantages and drawbacks of cremation *versus* interment, it has come to the conclusion that the former is in every respect preferable for the following reasons: 1. In a hygienic point of view it is undoubtedly the best way of disposing of dead bodies; 2. It is a mark of progress, because, by making cremation optional, the individual is at liberty to choose between the two modes of burial; 3. Considered from a scientific, social, religious and sentimental point of view, no valid reasons can be brought forward against it, while many very good reasons might be quoted for it; 4. The expenses would not be heavier than those of an ordinary burial. Cremation has been long introduced, and is carried out at Milan as at Gotha. It is now also officially authorized in Paris.—*Br. Medical Journal*.

THE NECESSITY OF PROVIDING CHILDREN WITH WATER TO DRINK.—Dr. Murdoch, of Pittsburgh, has written a very sensible health-paper on the Causes and Prevention of Cholera Infantum. The majority of cases is to be traced to the food, and the number is greatest among bottle-fed infants—on sour milk. This cause is well known, of course, to physicians, but we doubt if even the profession is at all times wholly alive to the sanitary necessity of providing water for children to drink. Dr. Murdoch says:

“Another cause of the great mortality among children is the neglect to provide them with cold water to drink. This, especially during the hot weather of summer, is the source of more deaths of young infants than all other causes combined. The explanation is simple. The little ones during the hot weather perspire freely. This would not be the case if they were entirely naked, but, as is too often the case, they are kept sweltering under clothing or blankets. The water which they lose by perspiration causes them to be very thirsty; they require water. If no water is offered, they will drink freely of any fluid which is offered to them. The fluid which is offered is usually milk, often milk which has become sour by the extreme heat. The child is thirsty, but not hungry; but not getting the water, which it does want, it drinks the milk, which it does not want. The consequence is, the child's stomach becomes overloaded with food which it has not the power to digest. This food, instead of nourishing, is a source of irritation to the child's stomach and bowels, and causes vomiting, purging, cholera infantum, and death.

“Children to whom no water is offered in hot weather are like men cast away at sea with no fresh water to drink to cool their parched tongues and quench their tormenting thirst. These men will drink of the salt sea-water, and it is said that they go mad with the distressing thirst which they have thereby increased. The salt water which these poor ship-wrecked men are tempted to drink is hardly more fatal to them than is the sour milk which is often the only fluid offered to the thirsty child.

“Water is the *sine qua non* in the management of children during the hot weather of summer. Even children at the mother's breast should often be offered water. But to children reared upon the bottle it is indispensable. It is their life. It quenches thirst, supplies the place of the water lost by perspiration, keeps up the perspiration which

is necessary for maintaining the proper temperature of the body, and makes the little one comparatively comfortable. It will do all this, and it will do more; for if the child's thirst was always appeased, it would refuse food when not hungry, and would never drink milk when the milk was sour. The consequence would be that it would only take milk when the milk was sweet, and in quantities which it would be able to digest.”

DR. FOX'S DEATH.—At two o'clock at night Dr. Fox was awakened by an excruciating pain in the heart. After the paroxysm passed off he told his wife he thought he was dying, bade her farewell, and passed away. He was forty-three years old. Dr. Fox had been much troubled of late with heart-symptoms, and knew that his life was drawing to a close, and with marked composure he arranged his affairs so as to be ready for the final event. He left a written request that it should be reported of him in any obituary notice of him which might appear in the *Lancet* the following: “I die a Christian in the now, I fear, much despised sense of that term—a simple believer in Jesus Christ as a personal, living, and loving Savior—without any righteousness of my own, but perfect and secure in His; and that I know in whom I have believed, and am persuaded that He is able to keep that which I have committed to Him until that day.”—*London Lancet*.

WHAT DENTISTRY HAS DONE IN THE LAST HALF CENTURY.—Artificial teeth rivaling, in color, shade, tone, shape, etc., more nearly the work of nature than any thing in art, save and except artificial flowers, and taking the place very fairly of the natural organs as agents of mastication, have been brought to a perfection which demands little improvement. The ancient crone, with “nose resting on chin like a staff,” the snaggle-tooth disfigured man and woman have disappeared, and youth and beauty have taken the place of decrepitude, in appearance. Teeth are filled, abscesses cured, chronic fistulous discharges through the gums and cheeks healed, exposed and aching pulps of teeth are capped and rendered healthy, teeth extracted and replanted with success, artificial teeth grafted on natural roots; in a word, restoration taking the place of ruin. It is certain that in no department of surgery can success be so certainly predicted as in dentistry.—*J. B. Hodgkin, D. D. S., in American Journal of Dental Science.*

DISINFECTANTS AND DEODORANTS RECOMMENDED BY THE SANITARY COUNCIL OF THE MISSISSIPPI VALLEY.—More than half of these agents are valueless in preventing disease, and dangerous as being productive of false security. Heat and pure air are the best of all disinfectants. Where other agents are necessary, the following list will be found useful:

Copperas can be used almost any where, cheap and efficient. Especially useful in privies, etc. Ten pounds in a pailful of water; a teacupful in bed-pans, chambers, etc., after being used. A quart a day in privies, urinals, etc., for ordinary purposes. In dangerous diseases add from a pint to a quart to each discharge. The contents of a privy six feet in diameter and twelve feet deep will require twenty pounds of copperas to disinfect it.

Quicklime and gypsum or land-plaster are good absorbents, and may be used advantageously in damp places, cellars, gutters, etc. They should not, however, be used in drains, catch-basins, sewers, soil-pipes, etc., nor where they are liable to be washed into such places, lest they, by decomposing soap-water, form lime-soap and obstruct the passages.

Charcoal is one of the best deodorants, absorbing large volumes of gases. May be used in powder, mixed with lime or gypsum, and sprinkled freely in malodorous localities. Suspended in a basket, in cisterns, meat-safes, dairies, etc., it tends to keep the contents from absorbing foul odors. Charcoal should be frequently reheated to drive off the absorbed gases and renew its efficiency.

Carbolic acid and the coal-tar disinfectants are only admissible for outdoor use, on account of their odor. Mixed with gypsum, they are valuable around stables, outbuildings, etc. A gill of carbolic acid in a pailful of water may be used to flush sewers, drains, etc., and in privy-vaults and catch-basins.

Chloride of lime is sufficiently well known not to need special mention here, except to say that its value is greatly overrated. The addition of strong vinegar or dilute sulphuric acid (oil of vitriol) materially increases its efficiency.

Chloride of zinc may be used instead of copperas, and has the advantage of neither bleaching nor staining white or colored fabrics with which it may come in contact. On this account it is especially useful in disinfecting clothing, bedding, etc.

Of the large number of proprietary prepa-

arations sold for disinfecting purposes it is not necessary to treat in this connection. If further information is needed, consult your sanitary officer or family physician.

In general: should disease, however, in spite of every reasonable care, break out in our midst, allay fear and prevent panic, which is always senseless, demoralizing the well and jeopardizing to an incalculable extent the lives of those who may fall sick. "In a sick-room there should be wise heads, willing hands, and loving hearts in the attendants, and thankful submission with common sense in the patient."

GENERAL DIRECTIONS IN CONTAGIOUS OR INFECTIOUS SICKNESS.—1. The sick person should be restricted to one room or a part of the house separated from the other inmates.

2. Secure proper ventilation of the sick-room without producing draughts. Smell is an excellent guide as to state of air; if air is sweet, there is but little dread to be felt.

3. The virulence of any poison which causes the spread of disease is greatly increased by concentration in close rooms, and decreased by dilution and free circulation of air.

4. The linen, clothing, bedding, utensils, and every object touched by or in contact with the sick should be isolated, and, such as will permit, should be thrown into boiling water, there to remain for at least half an hour.

5. The nurse should be restricted to the sick-room or otherwise isolated.

6. Remember that disease is communicated by both the poisoned air about the sick, by the clothes and other articles used or touched by them.

7. After the patient leaves the sick-room it should be purified and disinfected. Boil every thing that will admit of it; scald all utensils; scrub the floors; whitewash ceiling and walls. Empty the room entirely, and leave doors and windows open for at least a day or two.—*Sanitary Council of the Mississippi Valley.*

FRECKLES.—Take of finely-powdered sulphophenate of zinc, one part; oil of lemon, one part; pure alcohol, five parts; collodion, forty-five parts. Mix well together by trituration. This has been found efficacious as a local application against freckles and other slight skin-diseases.—*Pharmaceut. Zeitung fur Ruos.*

Selections.

THERAPEUTICS OF DIARRHEA IN CHILDREN.

A. A. Smith, M. D., Lecturer on Materia Medica, etc., in Bellevue Hospital Medical College. From the New York Medical Record:

Whatever the cause, all children, whether infants or those older, ought to be kept quiet when suffering from diarrhea. They should be kept in a partially-darkened, quiet room, free from noise; and all talk in the room should be avoided, especially when the child is asleep. The nervous system in childhood is so impressible it is easily disturbed, and any disturbance of this character aggravates the diarrhea. Infants under one year ought to be kept lying down as much as possible. They should not be jolted up and down, as is the custom of most nurses and some mothers, in order to amuse them. If the child is under one year, let it be placed on a pillow, if the diarrhea is severe, as it can be kept quiet more easily in this way than when lying on the lap. Even in changing the napkin care should be taken to move the child as little as possible. Don't be afraid to keep the room well ventilated in which the child lies. Mothers usually are over-careful for fear the child may take cold, and on this account are apt to keep the room too closely shut up. When the child is awake it can be carried carefully into open air, always in the shade. Salt-air is beneficial to almost all forms of diarrhea in children, and this is specially so in regard to city children. We in the city, therefore, urge a ride on the salt-water, or taking the child to the sea-shore, if possible. In all cases in children under a year, if the diarrhea is severe keep warm applications over the abdomen. Make a spice-bag. Take a half ounce each of cloves, allspice, cinnamon, and anise-seeds pounded, but not powdered, in a mortar; put these between two layers of coarse flannel about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, or whisky, or alcohol) and water, equal parts, and apply it to the abdomen warm, renewing it when it gets cool. In this way we not only get the effects of a poultice, but we also get the sedative and antiseptic effects of the spices. Great heat, with influences that depress the nervous system, bad hygienic surroundings, improper diet, too early weaning, bottle-food, and dentition are among the causes that predispose to diarrhea. In all cases remove the cause, if possible.

Method of Reducing Temperature.—There is one symptom common to almost all cases of diarrhea, if severe, and in my opinion it is the most important, and that is the increase of temperature. The best means of reducing the temperature is by the external applications of cold. Since we have the Kibbe's cot, which you have seen here, the immersion of the child in a bath is practically done away with. The Kibbe's cot can be improvised easily; it is a pleasant and convenient way of giving the wet pack, is just as effectual as the bath, and has very few of its objections. Fold a small sheet so that it will cover the child from the axillæ to the ankles; place the child on the bed, leaving the arms and feet uncovered. The axilla can be dried easily, and the temperature be taken while the child is in the pack, or the thermometer may be introduced into the rectum, the most accurate way of taking the temperature. Water of the desired temperature may be poured on from a pitcher. In cases of slight elevation of temperature, say to 102° F. or under, sponging off the body with water about the

temperature of 80° F. will usually answer the purpose, and it may be done often enough to reduce the temperature nearly to normal. But in all cases of an elevation of temperature above 102° F. resort to the Kibbe's cot or its substitute. Always remain and make the first application yourself. The parents will be timid about it. The child will cry, and it will be necessary for you to show them, by the good effects produced, the wonderful power by this means of reducing temperature, of calming the restlessness and irritability of the child and of inducing sleep. Afterward you can teach them the use of the thermometer and the methods of application of the water. The temperature of the water may be at first 90° F.; then gradually, as the child becomes accustomed to it, it may be made cooler until it is brought down to 80° F. in a few minutes. It may be necessary, where the temperature is very high, or where it rapidly rises after it has been reduced, to apply the water even colder than 80°. Reduce the temperature to 99°. It usually goes down still farther after the child is taken out. Remove the sheet, put the child in a thin blanket, cover it up, and let it sleep. It may be left in the pack twenty or thirty minutes, longer or shorter according as you find the temperature down to 99°. In very severe cases where the temperature rises to 105° F. or higher it may be necessary to apply the cold every hour or two. In such cases you need not remove the child from the Kibbe's cot, but let it remain there for even days, if necessary. The cot may be made comfortable by folding a woolen blanket and putting it under the child. I can not speak too emphatically of the importance of the reduction of temperature in the treatment of the diarrheas of children, and of this means of accomplishing it. It is, however, only an aid to other means of treatment.

Nursing as a Cause of Diarrhea.—One of the most frequent causes of diarrhea in young infants is too frequent nursing. The child, when a few days old, can be taught to nurse about every two hours during the day and every three hours at night. My first question when I am called to see an infant under six months suffering from diarrhea is, "How often does the child nurse?" and frequently find it has no regularity of nursing, sometimes nursing as often as every half hour. By establishing regularity of nursing the diarrhea is often cured. A child under four months, as the rule, will have two, sometimes three evacuations in twenty-four hours. This number is within the range of health. You will see many cases of diarrhea with very little constitutional disturbance, but frequency of movements and the appearance of the movements not particularly unhealthy. Bismuth subnitrat. three grains every two or three hours will cure such cases.

Preternatural Acidity.—Some infants have a tendency to preternatural acidity in the digestive organs. The diarrhea that occurs in such cases is accompanied with considerable pain, the passage of small, cheesy-looking masses with the stools, the odor sour and sometimes even offensive, the reaction decidedly acid. Such children may be given, with good effect, a teaspoonful of lime-water three times a day. Give it in two teaspoonfuls of milk. Chalk may be given. The mist. cretæ of the Pharmacopœia is a good preparation to give. It contains, besides the chalk, gum-arabic, glycerine, and cinnamon, all of them good in this form of diarrhea. Sometimes it is well to give a laxative, as some of these cheesy masses may have collected in the intestines and may be acting as an irritant. The indication is to remove

them. I have found the following prescription a better one to give than the traditional castor-oil:

R Pulv. rhei rad..... gr. xv;
Sodæ bicarb..... gr. xxv;
Aq. menth. pip..... ʒ ij. M.

Sig. One dram as laxative to a child from one to four months old.

In this prescription we get the laxative effects of rhubarb with its so-called secondary astringent effects, the alkali, and the sedative, and antiseptic effects of the peppermint.

In any case of diarrhea, where there is reason to believe there is any irritant in the intestines, the treatment may be commenced by giving a laxative to remove it.

Dentition as a Cause of Diarrhea.—Between the sixth and twenty-eighth month dentition plays a very important part in the production of diarrhea. It might be called a nervous diarrhea, for it is probably due to reflex nervous disturbances. If dentition is not directly responsible for many of these diarrheas, it is indirectly so by putting the system in a condition to be more susceptible to all those influences which do produce diarrhea. In all cases where the gums are swollen, lance them. In any case where it is about time for the tooth to come through, lance the gums over the tooth thoroughly and draw some blood. I believe the disturbance is often due to pressure of the tooth deeply in, and before it shows much swelling on the surface. Lancing the gums never does harm. It is better to err on the side of lancing them when there may be no necessity, than to fail to lance them when there might be necessity. I have often seen a child having from ten to twelve movements a day relieved entirely by lancing the gums, and with no other treatment. It is in these cases that the bromides prove so effectual. Give the following combination of a bromide with mucilage to a child between six months and a year; older children a larger dose:

R Sodii bromid..... ʒ ss;
Mucilag. acaciæ..... }
Aquæ puræ, q. s. ad..... } āā ʒ ij. M.

Sig. One dram q. three hours.

The bromide diminishes the reflex disturbance, and the mucilage is soothing to the irritated intestinal mucous membrane.

Errors in Diet as a Cause of Diarrhea.—Another cause of diarrheal troubles is the giving of all sorts of diet too early. There is a desire to make the child strong and grow more rapidly. Meat, vegetables, and farinaceous articles in abundance are given to children even eight or ten months old. A child under eight months ought to have no other diet than milk, and even up to two years milk should be its main diet. Human milk is the best during the first year or until weaning, but often from necessity the child is brought up on the bottle. During the first eight months cow's milk diluted one fourth with barley-water makes the best diet. The ground or crushed barley should be boiled with water of sufficient quantity, so that when cold it is about as thick as thin cream. The milk should be given about blood-warm and a little sweetened. What place should condensed milk be given in the feeding of children? I should give it a place on the shelf at the grocer's. I have tried the condensed milk with children thoroughly, and have seen it tried in the practice of others, and must protest against its use. Children fed

on condensed milk, although they may thrive well apparently, yet when they fall ill show very little resisting power; and particularly when they fall ill of diarrhea they weaken very rapidly and the diarrhea is apt to be obstinate. There are exceptional cases in which it may be used, and some cases in which it is desirable to use it for a short time. When bottle-fed children suffer from diarrhea it is well to boil the milk and make the barley-water thinner and give more of it—say one third barley-water to two thirds boiled milk. I have found thoroughly-cooked wheat-flour an admirable food for children with diarrhea. Have it prepared in this way: Put about two pounds of flour in a muslin bag, tie a string around the top of it, and suspend it in a kettle of water and boil it for five hours; then let it get cold. Take off the bag, cut off the outside dough and grate it. Thicken boiled milk with this to about the consistency of a thin gruel, or about thick enough for it to pass through the rubber nipple of a nursing-bottle. All food for children should be thoroughly cooked. Still more is this to be observed when they are ill of diarrhea. As a rule, feed children suffering with acute diarrhea just as little food as will satisfy their hunger, and often a little cold water will relieve their thirst and lessen the desire for food. Avoid alcoholic stimulants, unless there is exhaustion. Champagne iced may be given in small quantities if there is obstinate vomiting.

External Applications in Strumous Disease.—Dr. Horatio Storer, in the Virginia Medical Monthly:

From oil inunction every physician has obtained benefit who has taken the trouble to see that it was faithfully employed. Ordinarily olive oil has been ordered, on the ground that it is cleaner. I am quite sure, however, that in fish oils, the odor of which, when prepared and kept with care, is no worse than many remedial agents that are constantly prescribed, we have a drug of greater specific power. Their price, especially the oil of menhaden, as compared with that of the olive, is much less, and on this account is of importance, certainly in hospital and dispensary practice.

Sea-water is so easily procured, so close at hand to many of our profession, that we are apt to forget that it is, in reality, a "mineral water" of exceeding value. Let the same or very nearly the same formula be discovered in any spring-existing inland, as is the case with some of the most famous health-resorts in this country and Europe, and language in praise of it is exhausted by medical men. But then this sea-water is so very common. Allowing for all the benefits that change of air, of diet, of scene, and of thought have for an invalid brought to the sea-side, there yet remains, and prominently, the effect of the sea-bathing; and this, too, where the water is still and the stimulating shock of surf is absent.

Much of the advantage to be derived from sea-water can no doubt be obtained from its natural salt procured by evaporation, which the skill of the chemist has in vain tried to imitate. It is now somewhat difficult to obtain real sea-salt, as almost all the evaporating vats along the coast have been allowed to fall to pieces since the general use of rock salt and that from salt springs; but it would be for the advantage of invalids were it and sea-water added to their list of necessities by druggists and country physicians. A pint of sea-water or half an ounce of sea-salt dissolved in a pint of rain-water will, if used with care, furnish an abundant sponge-bath. Careful analysis

of the true and factitious sea-salts may seem to give identical results, but in effects the latter will be found to be lacking in a certain something that is possessed by the former.

Sea-water, it may here be said, has the same advantages as other mineral waters where indicated for internal use. In an overdose, like them, it will vomit and purge. In more reasonable quantities it produces, like them, a tonic, alterative, resolvent, deobstruent effect.

When used as a bath there are many methods, usual and unusual, by which to employ sea-water for strumous cases. I have spoken of the possibility of producing a temporary and local saline climate by its atomization. Here, in reality, we bathe and stimulate the respiratory mucous membrane, as well as obtain medicinal absorption thereby. In precisely the same way, by the atomizer, by the direct douche, and by the "internal soak," as it may be termed, where the cavity is partially filled, and allowed to remain unemptied for a considerable period of time, the rectal, vaginal, and even vesical coats may, for various indications, receive sea-water applications.

Tobacco-smoking as a Cause of Diseases of the Ear and Deafness.—Chewing is much less liable to cause these troubles than smoking, because the tobacco-smoke comes in contact with a much larger surface than the saliva impregnated with tobacco. Cigarette-smoking is most injurious, because the smoke is so often blown through the nose, and at the same time enters the eustachian tube. The tobacco-smoke is laden with fine particles, which gain access to the middle ear and irritate its lining membrane. While this does not admit of actual demonstration, it is rendered highly probable by the fact that disturbances of taste and smell are unquestionably produced in this manner, and are frequently observed in habitual smokers. The long continuance of such an irritation gives rise to a chronic inflammation of the middle ear. The characteristic want of sensibility in the mucous membrane of the throat and nose of smokers who suffer from chronic angina is due to the benumbing influence of tobacco.—*Annal. des Maladies de l'Oreille.*

The Abuse of Quinine.—Dr. A. G. Tebault, in *Virginia Medical Monthly*:

While it is impossible to estimate at its true value the boon conferred upon the human family by the discovery of *quinia*, there are reasons to suspect that, like venesection, catharsis, and other therapeutic agents in vogue at various epochs, it has often been employed without a due regard to proper limitations. Its lavish and excessive use in all diseases recognized to be of malarious origin and under all contingencies can not always be judicious. Seldom are doses above twenty grains necessary except in pernicious fever and Asiatic cholera, and then solely with a view to secure the speedy absorption of enough of the remedy to impress the system. Meantime its toxicological effects should be avoided with professional tact, as these may enhance the danger. In former years doses of one or two grains, frequently repeated, with the addition of opium when indicated, succeeded very generally as well in overcoming collapse. Briquet (*Traité Therapeutique du Quinquina et de ses Preparations*) concludes that the administration of the salts of quinia in doses sufficient to induce a sedative impression upon the circulation produces in the economy so serious a perturbation

that the risk ought not to be run except when the disease is serious, either from its duration, its gravity, or the accidents and danger to which it may expose the patient.

That quinia is a specific in malarious diseases, is a phrase calculated to conceal our ignorance of the mode of cure. Even its power as a prophylactic, when fairly tested, has proved unsatisfactory and fallen below expectation. Often when exhibited in large doses without due preparation, in anticipation of a paroxysm, or for weeks and months in divided doses as a preventive, it has failed to avert an attack. Indeed as a prophylactic carbolic acid given in grain doses, at intervals of three to six hours, has in my hands yielded comparatively far happier results, even in cases where unmistakable prodromes of malarial fever were actually present. In experiments instituted during the past seven years, on my own person and others, feelings of lassitude, malaise, cutaneous torpors, disturbed sleep, furred tongue, nauseous taste, and anorexia often gave way under this treatment within twenty-four hours; and a pulse hitherto jerking and irritable became calm and of the natural rhythm, while a soothingly pleasant sensation pervaded the system. No fever manifested itself in any of the cases; on the contrary, the person felt refreshed and buoyant.

No other agent which I have employed has ever superseded *carbolic acid* as an *apparent* disinfector of the malarious taint within the system; and this, after anxious thought on the subject for years, is to my mind the first glimmer of light that may lead to the discovery of means to act directly on the poison of fever.

To return from this digression. Quinia, besides not being antiloimic, is not by far the best tonic, nor does it directly promote hematosiis, nor is it a good hemostatic.

Flowers of the Meadow-sweet in Acute Rheumatism.—Other of the salicylic compounds besides salicin and salicylic acid are available in acute rheumatism, and may prove of service. To only one of these would I now direct attention. Growing abundantly during the summer in our meadows, and by the sides of streams and ditches, is found the common meadow-sweet, the *spiræa ulmaria*. The flowers of this plant contain a peculiar oil called *oleum spirææ*. This oil is salicylous acid. It is a slightly-colored mobile liquid. Taken alone or dissolved in spirit, it has a hot, pungent taste. Like salicylic acid, it causes some irritation of the throat when swallowed. From the few observations which I have made, I am disposed to think that an infusion of the flowers of the meadow-sweet may prove a serviceable remedy in rheumatism. As the plant will soon be in flower, I throw out the suggestion now in the hope that those who have the opportunity to do so may test its efficacy.—*Dr. MacLagan, in London Lancet.*

Ergotine for Neuralgia.—Marino recommends the following solution as a hypodermic injection in neuralgia: \mathcal{R} Ergotine, gr. ijss-iv; distilled water or glycerine, q. s.; made into a solution for one injection. It causes a more or less intense burning sensation, which disappears in about half an hour, if the part is covered with cold, wet compresses. It does not usually give rise to abscesses, erysipelas, etc. A single or at most two injections may suffice for a cure, although it is better to give from four to six.

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EDITORS.

FOR SANITARY SUPERVISOR OF THE MISSISSIPPI VALLEY,
JAMES B. EADS, of St. Louis.

THE NATIONAL QUARANTINE.

This journal has expressed itself too decidedly upon the general subject of quarantine for there to be any doubt in regard to its opinions, and it does not see any reason to-day why it should change its mind upon this much-vexed question. The events of 1879 indeed serve but to strengthen the views adopted in 1878. The spectacle of the national guards looking out on the ocean for an enemy which has turned up a thousand miles in their rear is one which would excite laughter in all men of two ideas, save for the sadness of the hour. That quarantine may be an element of safety, we are not prepared to deny, in the face of the overwhelming majority of profession and people who regard it as such; and it would not become us as good citizens to disturb, with whatever influence our opinion may carry, the confidence which is reposed in it as a safeguard. But professional and patriotic duty alike demand that we should denounce quarantine when it is put forward as the only means of preventing fever; and that is the complexion to which the question has come. Like the old bulletin which announced the success of Eclipse, "Eclipse first, the rest nowhere," the quarantine party, so largely in the ascendant, have taught the people to believe that between quarantine (with kindred meas-

ure of disinfection) and drainage and general hygiene, there is such a gap that it was ridiculous to think of them together. They made the question of quarantine so prominent during the whole winter, when something might have been done, that they lulled Memphis into the belief that the question of its safety was to be decided at the mouths of the Mississippi, and to-day they are treated with the spectacle of New Orleans quarantining against a northward city.

"How long," said some one to the Earl of Beaconsfield, "do you think the present Ministry will hold its power in England?" "Just so long," he replied, "as it pleases Providence to allow Mr. Gladstone to oppose it." And the question of how long this country is to be scourged with yellow fever depends upon how long the attacks made upon it at our seaports, instead of within our doors, are kept up. Whatever may have been the question of origin—whether it was imported or not—it has taken up a residence within our borders, and it means to stay until it is driven out by direct attacks upon its strongholds.

That the propagation of the scourge depends on "seed and soil," is the theory even of those who believe in quarantine. It has been plainly shown that either the seed has been borne past barriers erected against them, or have obtained such firm root in the soil that the coldest winter we may expect to have can not destroy them. Surely there is nothing left but to make earnest endeavor to render the soil so barren that they will cease to sprout. Not now; for it is too late to repair, this season, the folly of delay; but when the harvest of death is over, then

must arise the question of draining Memphis and other hotbeds of the plague. And sooner or later it will be a national question, rising above all theories of state rights and the policy of congressional aid to internal improvements. If Memphis is bankrupt, and if Tennessee and Louisiana can not or will not protect their citizens, surely the nation must be called on to drive out, at any cost, a foe which destroys the lives and comfort of so many of the people, and preys upon the commerce of all. And it is useless to say that the magnitude of the work is such that it can not be done. If the engineers of the United States Army can not do it (but we know they can), we can name a man who within a week will mature a scheme, and who has never failed in carrying out his schemes, and to whom such work on the Mississippi by right belongs; who in peace bridged the mighty stream with such a bridge as the world has never before seen; who, in spite of the opposition of interest and science, which said it could not be done, deepened its mouth for the needs of commerce; who in war defended it with engines unknown to nations. He can drive from its banks the subtle foe which now infests them. And where's the money, did you say? Six millions which were lost on the Chicago markets the day the news came that there was a death from fever at Memphis will at least do to start with.

Memphis must be drained or be abandoned as a place of human habitation.

HAVE WE ANY RICKETS AMONG US?

We publish in this number a very interesting communication from Dr. Poore, of New York, on Osteotomy in Bowleg. The engravings—which are from photographs accompanying the manuscript—certainly show a marked improvement from the operation in one case, and the experience obtained by Dr. Poore in twelve cases gives very satisfactory results.

Dr. Poore's paper comes just at the time

we were about to ask the question if the disease known as rickets exists to any extent in America. If it is any where of course it is in New York and the greater cities, being especially a disease among the children of the crowded poor, ill housed, ill fed, ill clad, ill aired—that is, ill nourished. And hence it is that Dr. Poore had opportunities for the osteotomies for the relief of his twelve cases of rachitic bowleg. Rickets does not exist in Kentucky, except phenomenally. If the disease were in the state it would be in Louisville, which is its chief city; and an extensive inquiry among the profession here—among surgeons, obstetricians, and general practitioners—recalls a memory of not more than half a dozen cases in a practice of a third of a century. The reason is obvious. Louisville, with a population which at the outside is not over one hundred and sixty thousand, is contained within limits embracing twenty-two square miles. Ventilation is excellent; food is cheap; and desperate, continued, and especially hereditary poverty is not common. It has its great influence, too, that the water drunk is limestone—good to make bone in man and horse.

A recent writer in our contemporary, the *Herald*, gives a very elaborate paper upon Rickets—its causes, diagnosis, etc.—and we would infer from the statements therein made that the disease was an every-day affair with us. "As a condition of infancy and early childhood," he says, "rickets is far too common in the community;" so common, indeed, that it is "a cry from suffering humanity for state medical instruction and state hygienic laws and their enforcement." It is strange that forty or fifty of us should not have encountered the disease more than we have done, and we suspected at first that our author had perhaps confounded some other disease with the one in question, but the diagnosis given dispels this suspicion at once. The writer says:

Perhaps the earliest symptom which attracts attention is the profuse perspiration about the head of the infant, which occurs whenever it falls asleep. The pillow upon which the head rests is wetted with

sweat, while the body and extremities are quite dry and warm. This condition becomes quite valuable in the early diagnosis from its persistence, and from the fact that it is almost never absent in rickety infants, and should be placed, in regard to importance, along with persistent snuffles in diagnosis of syphilis. It also denotes the progress the disease has made and the nervous prostration which has taken place.

General hyperesthesia is also a valuable aid in the early diagnosis, and it may, and frequently does, antedate the sweating stage. Such infants rarely remain covered, but make strenuous efforts to kick off the clothing and lie naked. Mothers often speak of this peculiarity in one of their children in contrast with others of the same family. In no case have I seen it lead to error when recognized as a precursor of rickets. Great care, however, is necessary to associate other more pronounced symptoms with it, as syphilitic infants and children suffer much at night and are restless. If ordinary circumspection be exercised there need be no mistake. In rachitic slumber there is skin hyperesthesia peripheral, which is relieved by removal of the covering; while in syphilis (as in tertiary, of adults) there is actual pain, deep-seated bone-pain, attended by the unmistakable evidence, crying.

Early in the disease there is manifest derangement of the digestive apparatus. The peristaltic action of the intestines at times is exceedingly active, causing the food to pace rapidly along the intestinal track. The motions are composed of the food (milk) taken a short time previous. . . .

The importance of appreciating and correctly interpreting these early symptoms can scarcely be overestimated. Few physicians would fail to recognize rickets in a child with curved femur, tibial, clavicles, and thoracic distortion.

A sweating forehead, kicking the cover, and disordered bowels are matters so uncommon in infancy and childhood that we scarcely know what they mean, and probably it may be rickets after all.

As to bowlegs. Ninety-nine children out of a hundred are born with tibias curved more than nature ultimately intends them to be. Nine out of ten can and do for amusement clap the soles of their feet together. These conditions mean nothing (in Kentucky). They will come straight, even from a great curve, as the child grows. Of course mothers are anxious about the matter, and time and again we have saved them from the expense and the child from the torture of an instrument. Persistent bowleg is no

doubt due to rickets, and may require osteotomy when the bone becomes hardened in its abnormal curve. Dr. Poore gives the diagnosis right—"enlarged epiphyses and the costo-chondral bend"—and it is probable that without these accompaniments the chisel will not be demanded.

This is an interesting question to all of our readers. Rickets figures considerably in our books, but let each one see for himself how much it has an existence in practice. How is it in the South now? Bowlegged negro babies used to be the rule formerly—frequently the limbs describing almost a complete circle—but they straightened out under the tonic influence of pot-liquor and fat meat. How is it under the new regime? Here in Kentucky, we say, genuine rickets—the rickets one sees in the London hospitals, with big epiphyses and limber ribs—does not exist.

QUARANTINE ON THE OHIO.—On July 19th Mr. Baxter, the mayor of Louisville, called the Health Board together and announced to it that he would establish a quarantine against the infected points in the South (Memphis the only one so far), and asked for its views upon the subject. Two of the members were opposed to it, but the others acquiesced in the mayor's views. The necessary officers were appointed and the quarantine went into effect on the 21st of July. The very humane laws of the Sanitary Council of the Mississippi Valley will regulate the quarantine of Louisville, as that of Cincinnati and of other places outside of the shotgun district. The shipment of goods from the infected places is prohibited, but non-intercourse with the inhabitants is not required. The quarantine stations are at or near Elizabethtown, forty miles from the city, on the Nashville & Great Southern Railway, and at or near West Point, twenty miles below on the Ohio. At these points trains and steamboats will be inspected. The sick will be removed to a comfortable hospital and placed under competent care without entering the city. Baggage will be

"disinfected," and the well will be allowed to pursue their journey north.

The action of the mayor in taking the initiative in this matter has caused some amusement in the profession outside the board, but he has reflected the sentiments of a large majority of the community, and his promptness has been much commended.

WE are asked continually what we think of the quarantine on the Ohio. We answer, "Wonderfully well." It is a humane quarantine. If we did not fear that we might be thought to be un-serious, we should say that it was a sugar-coated quarantine, but we believe it is the very best that can be devised outside of absolute non-intercourse, the need of which, we trust, will not arise upon the Ohio. Ample provision is made for both sick and well. Nine men out of ten in the community desired it. There is a sense of security in its protection, and the confidence of the people is a great element in general health. Trade demands it, and that is a great element in the question of comfort. The people of Memphis demand it, for they wish to be protected from each other; going to Cincinnati, as they did last year, where the present quarantine laws were in force, and avoiding Louisville, which was then open to them. Health, comfort, and humanity demand the present quarantine on the Ohio.

THE point selected by the city of Louisville for a quarantine station on the Ohio has been politely declined by the neighborhood. The officers are condemned to the grassy banks of the beautiful river. Mosquitoes are bad, but the fishing is fair.

EVENTS move forward with such rapidity at Memphis that it is not within the power of a weekly publication to keep up with them. The outlook is dreary enough, but that is no reason why we should not take what comfort we may. The epidemic char-

acter of the disease has declared itself, and it has a three-weeks' start on the epidemic of last year; but so far the totals are not great—under a hundred cases and thirty deaths up to July 24th. The Howards have not yet considered that events were great enough to demand their full organization. The fact is, there is very little of Memphis left to have yellow fever. The prompt action of the Board of Health in scattering the people can never be commended too highly. Those who had money are gone, and those without will be put in camps. Let us then hope the fever will die for want of food, and die early.

THE industry of our neighbor, the Herald, is marvelous. He has stirred many to write who did not write before, and who write remarkably well. His last feat was to induce the Rabbi to review a surgical work for him. Seventy-five circumcisions in the past two years is what the reviewer of Ranney's Surgical Diagnosis says he has done. Certainly he has cut around all the other doctors in Kentucky. When lithrotrity was increasing to such an alarming extent in England among the reporters at societies, it is said that Sir Henry Thompson at length mildly asked for streets and numbers. May we not, as accurate statisticians, request a show of the scalps?

A FAVORITE item of news just now with the medical press (one item, by the way, goes a long way with it) is that Dr. Horatio Storer, of Newport, has been baptized into the Roman Catholic Church. We follow the fashion and pass it on, though we are not aware that Dr. Storer was ever so bad as to make his undergoing an ordinary religious rite so surprising, or that the Roman Catholic Church was so hard up for recruits that the addition of one is so marvelous.

DR. TILBURY FOX was but forty-three when he died, but he lived many years after he had achieved a world-wide reputation.

Original.

OSTEOTOMY FOR THE CORRECTION OF RACHITIC CURVATURE OF THE LEGS.

BY CHAS. T. POORE, M. D.

Surgeon to St. Mary's Free Hospital for Children and to Charity Hospital, New York.

Operative interference in the treatment of bowleg is common in England, but in this country it has received but little attention. The cause of excurvation of the tibia, I believe, in all cases to be due to rickets. I do not remember to have seen a case of this deformity in which a bending of the costo-chondral articulation or an enlargement of the epiphyses was not found. There is an impression shared alike by the laity and a portion of the profession that the tendency in these curvatures is toward recovery, and that all treatment is uncalled for. The testimony of surgeons in Europe is against such statements, and an examination of skeletons of those who had been affected with rickets in early life would seem to disprove the impression that the bones in time tend to assume their normal shape and direction.

It has been frequently stated by those of large clinical experience that rickets is not a common affection in this country. I can not speak for other cities, but here in New York, in quite an extended observation in diseases of children, especially among those of the lower and middle classes, it is not an uncommon thing to find enlargement of the epiphyses, a bending of the costo-chondral articulation, and some bending, more or less, of the long bone.

After the bones have become sclerosed and fixed in a bent position, I do not see how there can be any improvement; and those surgeons who have treated such cases with splints speak very discouragingly of any hope of amelioration after the fourth year—that is, when the bones have become hard.

In aggravated cases of bowlegs the gait is awkward, and walking is often difficult and sometimes painful, and there is considerable relaxation of the ligaments of the knee-joint. After the failure to correct these deformities by splints or braces, the question naturally arises, Is operative interference justifiable, and if so, what can be done? There are only two methods at our disposal—fracture and section. In regard to the former method I have had no experience, but I am informed that Dr. C. B. Porter, Surgeon to

the Massachusetts General Hospital, Boston, has corrected curvatures of the legs with marked success by the use of Rizoli's osteoclast. Section may be made with either a chisel or saw. I have used both, but my preference is for the former, as section is made easier and with less disturbance to the soft parts. The chisel should be about three eighths or half an inch wide, gradually tapering from the cutting-edge, which should be sharp and shaped like a knife. It should be tempered so as to be neither so soft that the edge turns, nor so hard as to be brittle.

From an experience with ten cases, the following method of performing osteotomy seems the best: The tibia and fibula should be both divided, as the manipulations necessary to fracture the fibula by manual force tears the periosteum and soft parts immediately in contact with the divided tibia, and uselessly increases the amount of repair. The fibula should be divided first by cutting down upon it at a point on a level with the intended section of the tibia, and the section is made with the chisel from below upward and from without inward. The tibia is divided at the point of greatest curvature. A longitudinal incision is made about three fourths of an inch long over the crest, dividing all the tissues down to the bone. A chisel is then passed down, and when upon the bone is rotated so as to be at right angles to the long axis of the limb. Care should be taken that the edge of the chisel does not project over the outer edge of the crest, as there is danger of wounding the anterior tibial artery, which is nearer to the bone than in the normal limb. The section is then made by driving the chisel, in a direction from before backward, into the bone until fracture takes place. It has not been found necessary to change the direction of the chisel. After section, on bringing the foot and lower portion of the leg into position, there is left a V-shaped gap, with its apex directed outward, and at the inner and most posterior point of this V-shaped gap a counter-opening is made, and carbolized horse-hair passed from the anterior tibial wound through this opening, in order to secure perfect drainage; otherwise there is a collection and infiltration of blood, which in my earlier cases was a source of trouble.

In my earlier cases I did the operation strictly antiseptically, but in my latter ones I have discarded the use of the spray, and only syringed out the wound with a one-to-forty solution of carbolic acid, and then applied a Lister gauze. The limb is then

placed in a posterior zinc splint extending above the knee, and being provided with a foot-piece at right angles to the long axis of the limb. There is considerable venous hemorrhage both at and after the operation. The dressings are removed on the day after the operation, the horse-hair taken out, and new gauze applied. Unless there is pain or an elevation of temperature, I do not look at the limb again for a week, when the wounds are usually found healed, and the limb is put up in plaster of Paris in a straight position. Firm union usually takes place in four weeks.

It is astonishing what little pain there is after an osteotomy. I have seen children sitting up in bed and playing with their toys an hour after being brought down from the operating-room, and sleep all night without the use of an anodyne.

I should have said that while the limbs are in the splint no attempt is made to correct the deformity. The two following cases are in illustration of the operation and its result:

Josephine C., aged four years, was admitted into St. Mary's Free Hospital for Children, February, 1879, with marked curvature of both tibiae and other symptoms of rickets. Fig. 1 is from a photograph taken at the time of admission.



February 15th: Osteotomy was done on both limbs and dressed in the manner described above. The bones were very hard.

February 16th: Dressings removed, horse-hair taken out, and fresh gauze applied.

February 22d: Both limbs put up in plaster of Paris in a straight position.

March 3d: Plaster-of-Paris splint removed. Position good. Dressings reapplied.

March 21st: Splints removed. Union firm; limbs perfectly straight.

April 3d: Patient is walking well.

Fig. 2 is from a photograph taken at date of discharge from the hospital.



Maud P., aged four years, was admitted into St. Mary's Hospital at the same time and operated upon the same day as the first case. The patient was not in as good condition as the first case, yet the bones were found to be quite hard, and section was made slowly on that account. The limbs were put up in plaster-of-Paris splints February 22d, but firm union did not take place as soon as in the first case. I should have said the deformity was as marked as in the case of Josephine. She was walking about in May, with her legs in a perfectly straight position, but there is some rotary gait on account of a bending inward of the shaft of the femur just above the knee-joint.

I have now operated on twelve children for bowlegs, varying in age from two and a half to thirteen years. I have never had any trouble except in my first case, in which I knocked the anterior tibial artery, which

required an extension of the wound to secure. There was also an exfoliation of the cut surface of the superior fragment of the tibia. I have had considerable suppuration in two limbs, due, I think, to a want of good drainage. There has been a slight discharge of pus in two other limbs, but not enough to prevent the application of the plaster of Paris. In the first two or three cases the results were not as perfect as in my later cases, from a want of experience in putting them up. In only one case have I had any return of a curvature. That was in a boy, five years of age, who after walking about for some months was brought to me with an anterior curvature at seat of fracture. When he was discharged from the hospital I considered the union firm. Whether the callus became softened from a lack of good nourishment or no I am in doubt. The bones at the time of section were quite hard. I have lost one patient one week after the osteotomy from meningitis. At the time of her death the wounds had closed. After the plaster of Paris is removed it takes about two or three weeks for the patients to learn to walk, and a little longer time to overcome the rolling gait they had before the operation.

The age at which the bones become sclerosed varies in different children. Thus, in a child two and a half years of age, with a marked curvature of the leg, I found the bones very hard and difficult to divide; while in a child five years of age I have found one tibia quite soft. I think it is good practice in young children with bow-legs, before the bones get too hard, to put them under ether and forcibly straighten the limbs, and then put them up in plaster of Paris. It certainly shortens the time of treatment. After a time all that is required is a light splint or brace, instead of having to use constant traction to pull the bones into a normal position.

NEW YORK.

Correspondence.

LONDON LETTER.

Our Correspondent pursues the Alcohol Question, Malaria, and Women Doctors.

My Dear News:

Having gotten entirely rid of the malarial poison which has for so long cost me incalculable mental and physical wretchedness and a sad loss of time, I have been in a con-

dition for some days to appreciate and enjoy the delights of English hospitality and the charming society of our London professional brethren. I need not say to my friends that I have not neglected my opportunities. I promised in my last letter to continue to investigate the alcohol question and to report progress. A week of pleasant experiments and study of the subject brings to me the conclusion that while total abstinence is probably the most wholesome, moderate indulgence is much the most comforting. This question, however, is one of too much gravity to be disposed of in a week, and I shall continue my labors until I feel that I am justified in forming positive opinions. My medical brethren at home are not quite unaware that I have given some thought and words and ink to the subject of malaria. Indeed some thoughtless persons—and how few think, but take instead their ideas from authors only—have called it a hobby of mine. Well, time will show who is right. Mr. Erasmus Wilson, one of the wise men of England, who has more brains than any other living dermatologist, and who is unbiased by books or theories, and is unworped by a blind adoration of the microscope, although he has a discreet faith in it, recognizes the serious importance of this great question. He tells me that he has become firmly convinced that leprosy, the most loathsome, awful, and incurable of diseases, is due entirely to the malarial poison. His opportunities have been very great, and this statement that he makes is most significant. I have seen but five cases of genuine leprosy and two cases of the Italian pellagra, which is allied to it; and my conclusions, which I have frequently mentioned in my lectures, are that these diseases are developed by the malarial poison of a virulent form in hot climates, in persons of scrofulous diathesis, bad food, bad ventilation, alcohol in excess, or other depressing agents often assisting in the production of the disease.

I have seen one case of genuine marked intermittent in a London gentleman, gotten apparently in London. His physician, though, of course declares that he got it in Italy or Holland a year or two ago, where he (the physician) also contracted it, and that both of them have marked intermittents now and then, ever since, here in London. Certainly there is little malaria in the central and better portions of London. The city is so perfectly paved and drained and cleaned that the hydra-headed poison has small chance of development and propaga-

tion. This season there is less than usual, for the daily and nightly profuse rains constantly wash away the debris that might generate the poison. Besides, the sun has seldom shone, and the temperature has scarcely been higher than 60° , and most of the time down to 50° and 40° and sometimes lower. The nights have all been cool, and many of them cold. I sleep under two blankets and a comfort almost invariably. Punch says, "Midsummer Night's Dream (June, 1879)—Blankets and Eiderdowns."

At the Royal College of Physicians the other evening at a *conversazione* I had the pleasure of seeing most of London's famous physicians. It was a goodly company, but not superior in good looks, size, or brains to a similar collection of American physicians. They are better educated and better dressed, as a rule, than we are; but, except these things, we are all of a piece. A few nights after I went to the annual dinner of the Royal College of Surgeons, given at the Albion Tavern, and had the honor to sit by the head of the table with Erasmus Wilson, Mr. Simon, Mr. Spencer Wells, Mr. Erichsen, Sir James Paget, Prof. Ackland, Mr. Henry Lee, Adams, Wood, and other heavy guns. A more genial, jolly, kindly, and complimentary lot of gentlemen I never took wine with. The dinner was perfect; the speeches were good; and the music, made by hired singers, between the toasts, was earnest, if not beautiful. The toastmaster, whom I had encountered before at the annual dinner of the "Most Worshipful Company of Curriers," at Greenwich, was a source of interest to me. He is an important official, hired on such occasions. He is full of dignity and solemnity, has an immense waist, a strong voice, and an odd way of emphasizing certain portions of his sentences. Standing behind the chairman, at the proper time he raps his gavel on the table, the hum of voices diminishes, and he chants, "Be pleased to make silence, gentlemen, for your worthy *chairman*, Mr. Gay, to address you." After the speech, in which a toast is offered, the T. M. knocks the table again and sings out, "Gentlemen, be pleased to charge your *glasses* and drink a bumper to the toast, 'Her Majesty, the *Queen*.'" Next comes, "Pray, silence, gentlemen, while you hear the solo, 'Sleep, gentle *lady*,' by Signor Abdoménelli." To my surprise and embarrassment I was called on to reply to the toast, "Our Guests;" but being proud of Kentucky and of my whole country—and the pride is ever growing—and loving our Eng-

lish cousins with an ever-enhancing love, and knowing how lenient they are toward poor speakers, though my embarrassment did not altogether leave me, I spoke from my heart, and thus having only pleasant things to say I got more than I deserved of cheers and applause. The Royal College of Surgeons is a splendid body of men, and their names, like those of the Royal College of Physicians, are familiar to every reading American physician.

I have met two fine English women who have lately returned from their medical studies in France, and at an early day will take their degrees. I see no reason, barring human prejudice, why they should not succeed in the profession they have chosen. Having strong minds, rare educations, high professional acquirements, fine presence, and all the ambition and energy that could be desired, what hinders them? For my part, I am strongly inclined to allow—nay, I am in favor of allowing—the fillies an equal chance with the colts in the race for the medical cup and purse. There has been much talk about the indecency of female students witnessing along with males certain operations and examinations; and I confess that I have been shocked at seeing young women with young men looking on at certain surgical clinics in the male wards of the French hospitals. But I was none the less shocked the other day by seeing young artists of both sexes, side by side, copying in crayon nude male statues in the British Museum. If female artists in mixed company may draw and sculpture men in marble who have not on them the Garden-of-Eden garment, a fig-leaf, or the Georgia major's costume, a shirt-collar and a pair of spurs, then where is the harm in the sons and daughters of medical science looking together on naked sick men? The marble men are certainly the most attractive.

It is marvelous the amount of work men and horses can do in this climate. Almost no heat and no malaria—these are the causes; for though probably the horses are only affected by the former, men are knocked up by either.

L. P. YANDELL.

SAVILE CLUB, LONDON, July 7, 1879.

To the Editors of the Louisville Medical News:

Mrs. S., aged forty-six years, according to her statement had a chill about the 10th of April, followed by high febrile excitement and a severe pain in her right side. Spit a

small quantity of blood; not much cough. She kept growing worse till she was reduced to a mere skeleton. I was called to see her the morning of the 22d of May, about six weeks from the time she was first taken sick. I found her in almost a hopeless condition. She did not complain of any pain, only that she "could not breathe good." Her pulse was 134; respirations 32; bowels slightly constipated; tongue very large, thick, and red. On examination of her chest I found her right lung in a solidified condition.

Treatment.—I gave her small doses of the tinct. aconite and gelseminum every three hours, eighteen grains sulph. quinine in the after part of the night, and arom. sulph. acid and tincture nux vomica three times a day; used tincture iodine over the right side, and directed that her diet should be rich and nourishing.

May 24th: Pulse 130; respirations 30. Increased the dose of aconite and gelseminum; gave quinine in the after part of the night.

May 26th: Pulse 120; respirations 28; side very sore from the iodine. Treatment continued.

May 28th: Pulse 110; respirations 24; gave aconite and gelseminum every six hours, and stopped the quinia only as a tonic, for which I made the following:

R Sulph. iron 3j;
Sulph. quinine 3j.
Ext. cinchonia..... q. s.

Make sixty pills. One three times a day.

June 4th: Considerable improvement; is able to sit up in bed; pulse 84; respirations 20. Discontinued the aconite and gelseminum.

June 28th: I dismissed her, able to travel around, breathing very well in right lung, and directed her to keep taking the tonic of iron and quinine.

J. A. LONG.

SENATOBIA, MISS.

Miscellany.

THE EFFECT OF SMOKING ON THE TEETH. At a late meeting of the Odontological Society of Great Britain Mr. Hepburn read a paper on this subject, and the results of his investigations on the subject are contrary to what is, we believe, the popular notion. He considers that the direct action of nicotine upon the teeth is decidedly beneficial. The alkalinity of the smoke must necessarily neutralize any acid secretion which may be pres-

ent in the oral cavity, and the antiseptic property of the nicotine tends to arrest putrefactive changes in carious cavities. In addition he is inclined to believe that the dark deposit on the teeth of some habitual smokers is largely composed of the carbon with which tobacco-smoke is impregnated. It is this carbon which is deposited upon the back part of the throat and lining membrane of the bronchial tubes; and with whatever disastrous effect it may act in these situations, he thinks we are justified, from what we know of its antiseptic properties, in concluding that its action upon the teeth must be beneficial. Moreover, this deposit takes place exactly in those positions where caries is most likely to arise, and on those surfaces of the teeth which escape the ordinary cleansing action of the brush. It is found interstitially in all minute depressions, and filling the fissures on the coronal surfaces. It may be removed with scaling instruments from the surface of the enamel, but where it is deposited on dentine this structure becomes impregnated and stained. Indeed it is only where the enamel is faulty and there is access to the dentine that any true discoloration of the tooth takes place; but it is remarkable, he says, how the stain will penetrate through even minute cracks, provided the necessary attention to cleanliness be not exercised. The staining power of tobacco-oil may be seen when a deposit has taken place on the porous surface of tartar collected on the posterior surface of the inferior incisors. In this situation a shiny ebony appearance is occasionally produced. That tobacco is capable of allaying, to some extent, the pain of toothache, is, he thinks, true; its effect being due not only to its narcotizing power, but also to its direct action upon the exposed nerve; and he is inclined to attribute the fact of the comparatively rare occurrence of toothache among sailors in a great measure to their habit of chewing. He has been struck, in the case of one or two confirmed smokers who have come under his notice, by the apparent tendency which exists toward the gradual production of complete necrosis of carious teeth, and the various stages of death of the pulp and death of the periosteum taking place without pain or discomfort to the patient. This condition may of course be brought about by a variety of influences, but in these special cases he is inclined to think that the presence of nicotine in the mouth has acted powerfully. The experience of other speakers in the subsequent discussion appeared to corroborate

that of Mr. Hepburn, except that Mr. Oakley Coles thought the frequent changes of temperature probably injurious and tending to produce cracking of the enamel, and Mr. Arthur Underwood thought that smoking to the extent of injury to digestion tended to cause recession of the gums and otherwise to injure the nutrition of the teeth.—*British Medical Journal*.

THE METRIC SYSTEM.—Dr. Wigglesworth, of Boston, is hammering away at the metric system. Our money is up on him that he comes out a parasang—we mean a kilometer—ahead. Here is his last: "We need a benevolent despot who would compel the use of the metric system here after a fixed day. After a week no one would have any more trouble; after a month people would wonder how they could ever have used any thing else, the labor of learning is so slight, the gain immense. All the poor peasants of Europe, the lowest classes of 'effete despotisms,' etc., have been able to adopt it at once; and yet Americans, self-ruling, are really too lazy, while merely claiming to be too stupid so to do. Shame on a country which 'to party gives up what was meant for mankind.'"

Selections.

THERAPEUTICS OF DIARRHEA IN CHILDREN.

A. A. Smith, M. D., Lecturer on Materia Medica, etc., in Bellevue Hospital Medical College. From the New York Medical Record (continued from last number):

Flatulent Diarrhea.—There is a flatulent diarrhea which occurs in young children and gives much trouble. The movements are frequent but very small, and the flatulence is sufficient to keep the child awake at night. I have found the following prescription an excellent one in such cases:

R Magnes. calcin..... ʒj;
Spts. amm. aromat..... ℥ xl;
Tinct. asafet..... ʒj;
Anisette..... ʒvj;
Aq. cinnamomi, q. s. ad..... ʒvj. M.

Sig. One dram every half hour until relieved to a child from three weeks to four months old. Two or three doses will usually relieve.

Diarrhea dependent upon Non-digestion of Sugar.—There is a diarrhea which occurs in the summer, characterized by frequency of discharges; the movements are green, accompanied with pain, and in many cases the stomach is so irritable that vomiting is a troublesome symptom. Probably the diarrhea is due to non-digestion of sugar. In connection with such cases I would like to call your attention to koumiss, or fermented milk. In this preparation the milk has already taken the first step

in digestion. There is or ought to be no sugar in it. The casein is in a fixed condition, and consequently can not undergo the changes of coagulation and putrefaction, and there is a small quantity of alcohol, but it is in such a combination that it is easily assimilated. The koumiss is charged with carbonic-acid gas, but children do not take it readily with the gas. It may be got rid of by taking the koumiss out of the bottle and pouring it from one pitcher to another a few times. A small quantity may be kept out for immediate use, and the remainder put back into the bottle, the bottle corked and put in a cool place. Sometimes children who are unable to retain any thing else can take a teaspoonful of koumiss at a time and digest it, and frequently without any medicinal treatment will recover under its use. Twelve hours is as long as it can be kept safely after once uncorking it. The child need take no other food while it is taking the koumiss. It is itself food and drink. It is sour, and mothers are tempted to sweeten it to make it palatable. Of course it should never be sweetened, and should never be given within two hours after any other form of milk, and should be given cold. After the first repugnance to it children take it quite readily; even children as young as six or eight months can be made to take it by taking advantage of their thirst and giving it at first in small quantities. Koumiss may be used in many forms of diarrhea because of its easy digestion. That made by Dr. E. F. Brush, of this city, is the only preparation of it I have found reliable.

Dysenteric Diarrhea.—There is another form of diarrhea quite common in summer, characterized by what are known as dysenteric discharges; that is, quite frequent evacuations and straining, as in dysentery, and the evacuations are about the consistence of pudding or thin jelly, and are usually of a pinkish color. This pinkish color is due to the admixture of blood and mucus with the substance that passes the bowels. I have found small doses of castor-oil and opium, given in mucilage, an excellent combination in such cases, as in the following prescription:

R Ol ricini..... ʒj;
Sacch. lactis..... ʒss;
Tr. opii camph..... ℥ xxxij to ʒjss;
Mucilag. acaciæ..... } āā q. s. ad ʒj.
Aquæ puræ..... }

M. Sig. One dram q. two or three hours.

Add the paregoric according to the age of the child. For a child under a year, four to eight drops; for a child of one to two years, ten drops. Do not forget the general suggestions in regard to diet in all cases of diarrhea. It is well sometimes in these cases to give starch-water enemata. If the enemata are given, the paregoric may be left out of the castor-oil mixture, and laudanum may be put in the enema. One or two drops of laudanum with one to three tablespoonfuls of starch-water may be given according to the age of the child. The starch-water should be made about as thick as thin cream, and given tepid. It may be repeated every three to six hours, according to the severity of the attack.

Inflammatory Disorders.—There is a large class of summer diarrheas included under the term of inflammatory disorders. They are accompanied with great pain and frequency of movements. There may or may not be a small quantity of blood passed with the movements, more or less increase of temperature, with disturbances of the nervous system, and

there may or may not be gastric irritability. The indications are to reduce the temperature, manage the diet according to the directions I have given you, surround the child by the best possible hygiene, put the warm applications over the abdomen, and give internally a combination of opium and camphor. Tully's powder, which consists of morphine, camphor, and prepared chalk, makes a good combination. The dose for an adult is the same as Dover's powder. Ten grains contain one sixth of a grain of morphine and a little over three grains of camphor. A child three to six months old may be given an eighth of a grain every two to six hours, according to the severity of the attack and the control the powder has over it. A child six to eighteen months may be given one sixth to one fourth of a grain in the same way. After the acute symptoms have been controlled there remains in many cases a tendency to looseness of the bowels, with very little constitutional disturbance. Stop the Tully's and give the following:

R Ac. sulph. dil..... ℥ xxiv;
Salicin..... gr. xxiv;
Glycerinæ..... $\frac{3}{4}$ ij. M.

Sig. One dram three times a day.

Do not give it within a half hour of the taking of milk. The sulphuric acid has a tonic and astringent effect, and the salicin, besides its tonic effect, acts also as an anti-fermentative.

Cholera Infantum.—And now as to the treatment of a disorder of children which is the dread of all physicians, especially young ones, and justly so, for it is a formidable disease. I look on cholera infantum as a disorder of the nervous system, and the disturbances of the alimentary canal as only the local manifestations of a constitutional disorder. It occurs from great heat, but it has always seemed to me that in addition to great heat there was some other element. I have noticed that cases are much more frequent when, besides great heat, there were certain atmospheric influences which depress the nervous system greatly. "Dog-days," as they are called, are very fruitful in the production of cholera infantum. Among the poor great heat, poorly-ventilated rooms, poor hygiene in all its forms and with all its attendants, improper food, particularly bottle-food, favor the development of the disease.

I recognize two varieties of cholera infantum, and divide them, according to their manifestations, into congestive and exhaustive. In the congestive form there is redness of the surface of the body, especially about the face and head; redness of the conjunctivæ, great elevation of temperature, the pulse rapid and full, the nervous symptoms marked, twitching of the muscles, and frequently convulsions; the vomiting and purging violent, the matters vomited and passed being very thin and of enormous quantity. All of these symptoms come on very rapidly, differing in this respect from other forms of diarrhea. The two special indications are to reduce the temperature and control the nervous manifestations. Apply cold according to the directions I have given you. Give hypodermic injections of quinine and morphine. To a child of six months give one grain of quinine and about $\frac{1}{200}$ of a grain of morphine every four or six hours, according to the indication. For each additional six months of age an additional half grain of quinine and an additional $\frac{1}{200}$ of a grain of morphine. To simplify the matter I will give the prescriptions of the solutions of quinine and morphine:

R Morph. sulph..... gr. ss;
Aquæ destillat..... $\frac{3}{4}$ j. M.

Sig. Five minims by hypodermic injection for a child six months old.

R Quiniæ sulph..... 3j;
Ac. sulph. dil..... q. s.;
Acid. carbol. cryst..... gr. v;
Aquæ destillat..... $\frac{3}{4}$ j. M.

Sig. Eight minims by hypodermic injection for a child six months old.

Usually the stomach is so irritable that medicines and food are both vomited. After the temperature is reduced and the nervous system is rested small quantities of food can be given. Small pieces of ice may be given to allay thirst.

In the other variety, the exhaustive form of the disease, there is paleness of the surface of the body; little or no elevation of temperature; indeed the temperature in some cases is below normal; the pulse is rapid and feeble; the nervous symptoms, although present, are not as marked as in the other variety. The vomiting and purging are violent, the child sometimes getting rid of more fluid in a few hours than it has taken in days. The emaciation is very rapid and great. The indications for treatment are to check this enormous loss of fluid and sustain the patient. Our main reliance must be upon opium and alkalies and stimulants, with the general directions I have given you in the beginning of the lecture. Opium in small doses, in addition to the other effects claimed for it, is a cardiac stimulant, thus meeting one of the chief indications in this disease. The following combination is good:

R Tinct. opii camph..... $\frac{3}{4}$ ij;
Mist. cretæ..... $\frac{3}{4}$ ij. M.

Sig. One dram q. two or three hours to a child of six months.

Sometimes nothing is retained by the stomach. In such cases it is necessary for you to give the opium hypodermically. Give the $\frac{1}{200}$ grain of morphine as directed in the other variety of the disease, but do not give the quinine.

Alcoholic stimulants should be given. Brandy is the best. Give five drops of brandy in a teaspoonful of water every hour to a child of six months, if there is great exhaustion. This quantity may be increased or diminished according to the indications. In some cases of cholera infantum a child becomes suddenly much more exhausted, pulse becomes more rapid, extremities are cold, perspiration comes out freely, and the child seems to be going into collapse. An enema of hot water will sometimes revive such a child wonderfully. Let a good quantity of hot water be used, say half a pint, and hold a towel to the anus afterward, in order to have the water retained as long as possible. Along with this give internally spirits of camphor, from six to ten drops. It may be put in with the brandy, and the two given together for a few hours. In any case of diarrhea, where these symptoms of great exhaustion occur with the coldness of the extremities, the hot-water enemata may be given.

Beef Tea.—The very common habit of giving beef tea in the diarrhea of children prompts me to say a word in regard to its use. Of course it is given with a view to sustain the strength of the child, but I have found that almost invariably it acts as an irritant and aggravates the disease. Sometimes it seems to pass the bowels in the same form in which it was

taken. In any case of acute diarrhea I would advise you not to give beef tea.

Opium.—I believe that opium is given too indiscriminately in the diarrheas of children. It has its uses, and is an orthodox remedy in such disorders; but it is given very frequently when other remedies would do quite as well and much better, and would produce none of the ill effects of opium.

Good nursing, removal of causes, keeping the patient quiet, regulation of the diet, improving the hygiene, reducing the temperature, removing the causes of disturbance of the nervous system will in the great majority of the cases of diarrhea in children do away with the necessity for medicines.

The Galvano-cautery and its Uses.—By galvano-cautery, then, we understand cauterization by a resisting wire heated by the galvanic current—the electricity itself not being applied to the body as in the various forms of electrolysis, but only the wire heated by the passage of the current. However obtained, heat is heat; and consequently the heat obtained by galvanic action has probably no advantage as such over that obtained by thrusting cauterizing irons into glowing coals. The great advantage of the galvano-cautery over the actual cautery lies not only in the fact of the complete and perfect control that the operator has over the first, even in prolonged operations, but that it enables one to operate on portions of the body ordinarily inaccessible, and by methods impossible with the actual cautery. In those conditions for which it is adapted it possesses various advantages over the knife, one of the most important of which is its well-known power to prevent all or nearly all hemorrhage. Hence certain operations which would by the knife be attempted with dread and attended with danger become by the use of the galvano-cautery perfectly simple and safe. Like electrolysis it is often followed by a more satisfactory healing than by the knife or ligature, and by a decreased tendency to pyemia.

The purposes for which electro-cautery have been recommended and employed are numerous, and the indications for its use will readily suggest themselves to every surgeon. Its best results are perhaps obtained in the removal of tumors situated in parts not accessible to the ordinary methods of extirpation, and for the removal of growths that are exceedingly vascular, and especially those of malignant character. For the various purposes of cauterization this is of course a ready and effective method. It can be used also with advantage in certain cases of fistulæ; but the treatment of neuralgia by cauterizing and killing the nerve, and of treating prolapsus uteri by cauterizing with the burners the vaginal wall, thus causing inflammation, suppuration, and cicatricial contraction, are heroic measures in which I have had and desire no experience. To properly care for and utilize the galvano-cautery demands not a little experience, together with that attention to detail which is so especially requisite in every department of electro-therapeutics.—*A. D. Rockwell, M. D., in Virginia Medical Monthly.*

Neurasthenia and Womb-disease.—From *Obstetric Gazette*:

Just at this time Dr. Wm. Goodell, of Philadelphia, has done a good service in this direction of professional work in his annual address as president of the American Gynecological Society, at its meeting last

year in Philadelphia. He starts out with the remark that "*nerve-tire* is so common a disorder in our over-taught, over-sensitive, and over-sedentary women that in its successful treatment every physician has an abiding interest." In further explanation of the class of cases referred to, and their probable nature, Dr. Goodell remarks:

"During menstrual life the sexual sphere preponderates over the others, so the stress of anemia or of the hyperemia in these secondary circulatory disturbances very generally falls on the reproductive apparatus. Then, again, malnutrition of nerve-centers produces a poverty in the quality of the blood, in which obtains a peculiar susceptibility to emotional excitement. Hysteria does not mean necessarily a diseased womb, nor yet is it an abstract entity, but the definite expression of some morbid action going on in the nerve-centers. But let us go a step further. Since functional relation exists between every act of thinking, feeling, or willing on the one side, and some molecular change in the body on the other, it follows that the mind-illness caused by the body-illness can in turn produce a body-illness—the disturber becoming the disturbed. 'Thought,' says Tuke, 'strongly directed to any part tends to increase its vascularity and consequently its sensibility.' Hence come those life-mimicries of grave structural disease, those mad muscles and local insanities. 'The nerves,' says Cabanis, 'they are the man;' most emphatically they are the woman."

As typical of the cases he has in mind, he draws this, as he styles it, "too common picture from life." "A girl who entered puberty in blooming health and without an ache is over-taxed and over-taxed at school. She loses her appetite and becomes pale and weak. She has cold feet, blue finger-nails, and complains of an inframammary pain. Headache, and backache, and spineache, and an oppressive sense of exhaustion distress her. Her catamenia, hitherto without suffering, now begin to annoy her more and more until they become exceedingly painful. Her linen is stained by an exhausting leucorrhea, and bladder troubles soon set in. She is wearied beyond measure by the slightest mental or physical exertion; a grasshopper is a burden to her, and she finally becomes hysterical. Now, very unfortunately, the idea attached to this group of symptoms is that the reproductive organs are at fault, and that the unit of resistance lies in the womb. A moral rape is therefore committed by a digital or a speculum examination, and two lesions will be found; firstly, as a matter of course, a vaginal antelexion, and secondly, an endometritis. These are at once seized upon as the prime factors, and she is accordingly subjected to a painful, unnerving, and humiliating local treatment. Unimproved, she drags herself from one consulting-room to another, until finally, in despair, she settles down to a sofa in a darkened room and relapses into hopeless invalidism."

The interpretation of this train of symptoms he expresses thus: "The yet-developing nerve-centers of this brain-crammed girl were unable to cope with the strain thrown on them, and consequently they broke down. But jaded nerves make poor blood and faulty circulation. From these come cerebral and spinal irritation, with headache and backache, and with general exhaustion. But since this girl is at an age in which the sexual sphere predominates, the brunt of the nervous and circulatory disturbances falls on the most exacting organs, the reproductive."

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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LOUISVILLE, AUGUST 2, 1879.

No. 5.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

FOR SANITARY SUPERVISOR OF THE MISSISSIPPI VALLEY,

JAMES B. EADS, of St. Louis.

THE HOUSE OF LEA.

In the admirable obituary notice of Dr. Isaac Hays, prepared by Prof. Gross for the last number of the American Journal of the Medical Sciences, the distinguished author records several facts in the history of the celebrated firm of much interest to the profession. The house of Lea, indeed, is not only closely connected with the medical profession of the United States through its numberless publications of medical works, but its reputation, like that of all its great publishers, is a decided element in the reputation of the country at large. The imprint of Henry C. Lea, wherever it appears, means two things surely—enterprise and correctness—and seldom fails to be the stamp of culture and civilization. Prof. Gross says of this national firm:

The permanent prosperity of any great and commanding journal, whether medical or literary, must of necessity be materially influenced by the character and stability of its publishers, whatever may be the talent, industry, or genius of its editor. In this particular Dr. Hays had every reason to congratulate himself; for during his protracted connection with the American Journal of the Medical Sciences, and the various changes which the original publishing firm experienced, not a word of misunderstanding ever arose between the existing parties to mar the success of the enterprise or to disturb their friendly relations. The founder of the house which was destined to attain a world-wide reputation, especially for the part which it has played for upward of half a

century in supplying the country with standard medical works, was Mathew Carey, an eminent philanthropist, whose voluminous writings on the political and social sciences exercised no little influence in their day, and whose History of the Yellow Fever of 1793 is still referred to by medical writers. In 1783, his political writings having rendered him obnoxious to the British Government, he was obliged to emigrate from Ireland and take refuge in this country, and soon after entered on the book trade in this city. It was under his auspices that Dr. Chapman brought out the first four volumes of the Philadelphia Journal of the Medical and Physical Sciences. In 1822 Mr. Carey retired from the firm, and was succeeded by his son, Mr. Henry C. Carey, and his son-in-law, Mr. Isaac Lea, who have since become so distinguished in the literary and scientific world—the one as a great writer upon political economy, and the other as the author of numerous contributions to natural history, evincing great research and rare talent. It is gratifying to know that these two gentlemen are still among us in the enjoyment of excellent health and unimpaired mental vigor. In 1833 the late Mr. William A. Blanchard, a man of remarkable executive ability, was added to the firm, which then became known as Carey, Lea & Blanchard. In 1839 Mr. Carey retired, followed, in 1851, by Mr. Lea, who was succeeded by his son, Mr. Henry C. Lea, the firm being now Blanchard & Lea. In 1865 Mr. William A. Blanchard retired, and his son, Mr. Henry Blanchard, entered, and the firm again took the name of Lee & Blanchard, but only for a few months, Mr. Blanchard being obliged to retire on account of ill health, thus leaving the field solely to Mr. Lea, a gentleman widely known upon both sides of the Atlantic, not only as a great publisher, but as an accomplished scholar and vigorous writer.

IRREGULAR SPECIALISTS.—Prof. Andrews, of Chicago, is doing some good service in running down irregular specialists, and seeing what they have good as well as bad in their art. His first raid was upon the pile-injectors, and his elaborate bulletin of results

has already been published in these pages. It will be remembered that the fact was therein established that within certain lines the method of this fraternity is an efficient one. The last incursion of Dr. Andrews was upon the corn-doctors—or *eleganter*, the chiropodists—an account of which was published in the last Chicago Medical Journal. Nothing novel was found on their premises except an extraordinary method of computing bills. What, for instance, to the ordinary lay or surgical eye looks like a single corn may prove in settlement of the account of one of the special gentry (who charge so much per corn) to be a dozen or more, according to the number of parings he may be able to make, or the number of concentric rings he may be able to show. He relates, too, that they acquire great facility with the use of their tools—knives or chisels. To prevent the return of the corn, nothing more specific than a change of shoe and protection by plaster was discovered.

We say that these inquiries by Prof. Andrews are very useful. The Confessions of a Bonesetter, published by Mr. Hood in the Lancet a few years since, undoubtedly gave a very instructive lesson to regular surgery, and it is not improbable that in similar fields we shall be able to run up on something worth knowing. We would suggest to Prof. Andrews—but of course the thought has already occurred to him—that he take the “cancer-doctors” in hand, and tell us what he finds.

THE BOGUS BENEFICIARY IN BALTIMORE. We had supposed that the bogus beneficiary dodge had been so thoroughly exposed that no school would be found at this late day with cheek sufficient to continue it. It appears that we are mistaken. The Baltimore “College of Physicians and Surgeons” (to which we referred in this connection a year or two ago) sends out in its catalogues of this year its usual bogus beneficiary blanks, to be filled by any physician to whom it may come. The tickets of the school are offered at one third the price named in the cata-

logue. The scheme is bogus, as the impression is conveyed that the favor is special, whereas it is doubtful if any other class of students is obtained. The usual bull is made that the recipients of these favors are known as “such only” to the dean. The College of Physicians and Surgeons of Baltimore is the only school in the country at present engaged in the nasty business.

DR. JACQUES ROBINSON complains to us that the title of his new instrument, the “Perineosinu—etc.” is not always spelled rightly by the medical press. He is profuse in his thanks, however, for the cordial manner in which it has been received, and is convinced he has met a want long filled.

AMONG the gentlemen supposed to be editing this journal may be mentioned Drs. Collins, Collings, Cowan, Cowen, Cowing, Crowley, Cauley, Couden, Coquelin (from Paris), Coulanges, and Growling. Collins is about a fair average. The worst on his associate is “Jardelle.”

Original.

REPORT OF CASES FROM EYE, EAR, AND THROAT CLINIC.

BY W. CHEATHAM, M. D.

Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville; Eye, Ear, and Throat Physician to Kentucky Infirmary for Women and Children, Masonic Widows and Orphans' Home, Baptist Orphan Asylum, etc.

Mrs. McK., aged ninety-two years, applied to me two years ago with senile cataract. Placing her under the influence of ether, the cataract was removed by Graefe's method. Scarcely any reaction followed. A good recovery. Vision equal to one half of normal for distance. Reads the finest print eight inches from eye. This is about the oldest patient I ever heard of being operated upon with such a result. She is now ninety-four years of age, goes where she pleases without assistance, and reads, sews, and knits with perfect comfort. The cataract had existed

for over five years. She had not seen an object in that time. The old lady, on again seeing the beauties of nature, said, "If heaven is any prettier than earth, I want to go there."

Nervous Aphonia.

Mr. J., aged twenty, reported at my office two weeks ago, stating that he could scarcely swallow, and that there was pain on speaking. I had treated him some time ago for a strange affection of both soft and hard palate. Examination showed no cause for complaint. I, however, made an application with a spray, and ordered him to report next day. Next morning he came to the office, handed me a slip of paper on which was written, "I have lost my voice; can you relieve me?" This was of course a great surprise to me. Laryngoscopic examination again revealed no cause for the trouble. Believing it to be similar to cases occurring in hysterical females, I promised early relief. I applied galvanism, placing one electrode in the larynx in contact with the vocal cords, the other outside over the larynx. One application gave him great relief, enabling him to say "One, two, three." He reported again next morning with almost perfect use of voice and absence of dysphagia. Some such cases get almost instant relief from the simple introduction of the finger or any foreign body such as the laryngoscopic mirror, etc. I never heard of such a case before in a male.

LOUISVILLE.

Correspondence.

LONDON LETTER.

My Dear News:

The prolonged pluvial weather which has caused so much inconvenience and discomfort in England is not wholly to be decried, for the health of the country has not been so good for twelve years. This is easily accounted for. The mean temperature last week, which is an average week of the last several months, was only 56.5° , and the almost daily rains constantly washed the streets and sewers, cleansing them of debris of all sorts. Here again we have an illustration of one of England's most famous son's wise and favorite aphorisms; "It's an ill wind that blows nowhere," said Mr. Sam'l Weller, jr. The weather is improving, for last week it only rained on six days out of seven, and the sun was often, if briefly, seen. This week began this morning with a heavy

shower, and heaven's unsaline tears have dropped on us more or less all day.

During the past week I witnessed two ovariectomies, and could have seen blood shed brilliantly each day by famous surgeons had I been of sanguine taste. But I went only to see the ovariectomies, because it is a Kentucky piece of carving, and because a distinguished relative has done it so well, and because I was invited by the greatest and by one of the great ovariectomists to see the useful horror done. The first was performed by Mr. Spencer Wells at a private house. It was a good case—no attachments, no complications—a middle-aged patient in fine condition. The tumor was one large cyst and a knot of small ones, together in weight probably forty pounds. It was done under the carbolic spray, Mr. Thornton and Mr. Dees assisting. As deliberate as a sculptor or a painter, Mr. Wells went at his work. Not two tablespoons of blood were shed, and in less than half an hour the operation was over. Bichloride of methylene was the anesthetic used, and it was given without fear, for neither pulse nor pupil were looked to. For ten years Mr. Wells has used it, and never an accident has occurred. Mr. Wells considers it the safest and best of anesthetics. Dr. B. W. Richardson, its discoverer, says that in at least a hundred thousand cases where it has been used no evil has resulted. This ovariectomy was Mr. Wells's nine hundred and fifty-fifth case! The youngest ovariectomy he ever did was on a child of eight. He has found an ovarian tumor in an unborn infant. Need I say that this was in a post-mortem examination? In all my life I have never seen any thing in surgery so perfect, so beautiful as Mr. Wells's operation. Beautiful is the only word that expresses it, though I confess beautiful is a doubtful term to be coupled with surgery.

Mr. Thornton's operation was on a very old woman, toothless and gray, in hospital. The tumor was larger than in Mr. Wells's case, and was attached to the omentum. This and some slight oozing of blood made the operation more tedious than Mr. Wells's, but Mr. Thornton cuts and tears with the knife and hands of an artist. An interesting feature in this case is that in 1859 a rupture of an ovarian cyst occurred while the patient was violently exerting herself. She was very ill for some days, but soon after recovery the fluid was absorbed and her abdomen resumed its natural size. Gradually the malady returned. The tumor showed distinctly where the ruptured cyst had been,

a thick fibrous growth as large as one's two hands only remaining of it.

Mr. Thornton uses bichloride of methylene wholly in his surgical operations. It is claimed for it that anesthesia under it is less dangerous, more rapid, and less frequently followed by vomiting, etc. than with chloroform or ether.

Dr. B. W. Richardson is now giving nitrite of amyl internally. He uses it in the same cases he first recommended it in by inhalation. He commences with three-drop doses, gradually increasing until the desired effect is produced. He gives it in alcohol and glycerine—say, alcohol, three drams; glycerine, five drams; nitrite of amyl, twenty-four drops. In chloroform-poisoning and in sea-sickness he can not see how it can do any good, though he has no experience with it in these troubles. It is scarcely necessary to tell any reader of the NEWS that Dr. Richardson is the discoverer of this useful and potent drug. How lovely it does act in spasmodic affections!

At the *conversazione* of the Royal College of Physicians Dr. Richardson exhibited his curious new invention, the sphygmophone, or pulse-talker. By it you hear the sounds of the heart and the rush of the blood in the arteries. I had before seen and listened to it at his house, and I am inclined to believe it will prove a more practically useful instrument than the sphygmograph. Let me say, in passing, that Dr. Richardson confirms my judgment that Poud's sphygmograph is the best yet invented.

Dr. Thomas Fox, the pupil, co-worker, and brother of the late good, famous, and beloved Tilbury Fox, it will be pleasant for dermatologists to know, is following in the footsteps of his distinguished brother. Already he is favorably known to the profession by his writings in the Lancet and other journals. He is a man of superior mind, fine presence, and pleasing manners, and is quite worthy of his brother, of whom all know, and of his father, dead since Tilbury, one of the most successful, respected, and useful general practitioners in England. A strong man was the father; a man who commanded the respect of men and won the admiration of women, as Milner Fothergill says.

Mr. Henry Lee still holds to the belief, and is strengthened in it by prolonged experience, that the moist mercurial vapor bath is the best of all treatments for syphilis. I agree with him that where it does not succeed the fault is with the patient or the giver

of the baths. Except for its trouble and expense, I am sure it would be in universal use by the profession. Wednesday I go to the christening of his little daughter, six weeks old, and I wish him many more such events. A christening here is not, as with us generally, a mere matter of prayer-books and water; a celebrative dinner, gladdened by the juice of the grape, following the religious rite. Ah, how the blood of the grape does improve one's appetite and enhance one's affection and augment one's gratitude and increase one's amiability! And yet I am sure the world would be better without it—I mean the world at large.

L. P. YANDELL.

SAVILE CLUB, LONDON, July 13, 1879.

VIBURNUM PRUNIFOLIUM IN MENORRHAGIA.

To the Editors of the Louisville Medical News:

Attention was first called to the medical virtues of this plant by Dr. D. L. Phares, of Newtonia, Miss., who considered it as nervine, antispasmodic, diuretic, and tonic, and recommended it in the nervous disorders of pregnancy and in preventing miscarriage from any cause. (See Boston Medical and Surgical Journal, October 10, 1867, p. 212.) I have never seen any thing written of its effects on the unimpregnated uterus, but I resolved to give it a trial.

Mrs. —, aged nineteen, good constitution, no diathesis, married one month, had her regular menses on June 1st; lasted four days and ceased without any trouble. On June 11th, six days after menopause, the hemorrhage reappeared; and, after having continued four days longer without any appearance of ceasing, I was asked what should be done. After making requisite inquiries, I informed her that it ought to be stopped. The patient was pale and nervous, and felt weak from loss of blood. There was considerable pain in the hypogastric region, besides nervous irritability. I prescribed ergot in full doses at regular intervals, combined with opium to allay pain and give rest. Advised the patient to lie down as much as possible, as exercise seemed to aggravate the case, and to keep quiet. After using the ergot for three days, and opium as required, without the least perceptible benefit, I stopped it and ordered dram doses of the fluid extract of viburnum prunifolium every three hours. After the fifth dose was taken the hemorrhage ceased and the general con-

dition of the patient began to improve rapidly, much to my satisfaction and her relief. When she had recovered she told me that no other medicine had ever done her so much good.

I will soon report a very interesting case.

GREENVILLE, S. C.

L. A. EAST.

CASE OF FOREIGN BODY IN THE STOMACH.

To the Editors of the Louisville Medical News:

I was called, May 28, 1879, to see Willie N., aged four years, who had accidentally swallowed a round flat tin whistle a size larger than a quarter of a dollar. The patient was a very large boy of his age, with rosy cheeks, but at the time of my visit he was pale and quite nervous, and complained of a good deal of pain along the esophagus and in the stomach. Nausea and vomiting had come on, and a direct emetic was given, but no foreign body was ejected. The nausea, however, continued for several days, and he would vomit every time he tried to eat any thing. He took morphia and bismuth, also lime-water and milk. In a few days he got better, and was able to be about all the time. On July 8th he passed the whistle per rectum without any difficulty.

Cases like the above cause a great deal of anxiety, and there is quite often a desire expressed that active operative procedures be instituted; but experience generally proves that it is the best plan to watch and wait, as nature very commonly expels foreign bodies in its own way and in its own time.

I am indebted to Dr. Cummins, of Louisville, for valuable advice in the above case.

J. T. DAVIS, M. D.

FISHERVILLE, JEFFERSON CO., KY.

Reviews.

The Treatment of Epithelioma of the Cervix Uteri. By J. MARION SIMS, M. D., Founder of the Woman's Hospital of the State of New York, and formerly Surgeon to the same; Ex-president of the American Medical Association. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XII, No. 3, July, 1879. New York: William Wood and Co., 27 Great Jones Street. 1879.

In this important paper of forty pages the history, diagnosis, and treatment of epithelioma of the cervix uteri is discussed at length. Dr. Sims is able to promise much relief in this painful and often abandoned malady,

not particularly by any new departure from known methods, but by thoroughness in their application. Thoroughness, in fact, is the keynote of Dr. Sims's method in dealing with epithelioma of the cervix, as in his operations elsewhere. The cervix is not simply to be amputated, but the growth is to be attacked with knife, scissors, and curette till completely removed; and when bleeding is stopped the raw surface is to be further invaded with caustics. The details of the operation are clearly and succinctly set forth, and a number of illustrative cases are given. The paper contains the "last word" of the great master in uterine surgery, and must be consulted by every surgeon having in view an operation for epithelioma of the cervix. The following is the summary made by Dr. Sims:

1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the *écraseur* or the electro-cautery.
2. Exsect the whole of the diseased tissue, even up to the os internum, if necessary.
3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum cotton wool.
4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.
5. When the styptic tampon is removed cauterize the granulating cavity from which the disease was exsected with chloride of zinc, bromine, sulphate of zinc, or some other manageable caustic capable of producing a slough.
6. After removal of the caustic and the slough it produces, use carbolyzed warm-water vaginal douches daily till cicatrization is complete.
7. After the cure put the patient on the use of arsenic as a protection against the cancerous diathesis, and urge the importance of examination every two or three months for the purpose of detecting the recurrence of disease.
8. Then, if fungous granulations or knobby protuberances not larger than a pea are found, lose no time in removing them, and treat the case afterward with caustic just as in the first instance.
9. Almost every case may be benefited by operation, even when there is no hope of giving entire relief.

WHEN THE DOCTOR SHOULD CONSULT THE DENTIST.—1. In all lesions of the trifacial and all diseases arising therefrom the dentist should be consulted to see if his special knowledge will avail in making a diagnosis; 2. In all carious conditions of the bones of the face, and troubles arising therefrom; 3. In nervous diseases, where there is any probability or even possibility of involvement of nerve-centers through the trifacial; 4. In digestive disorders where even remote suspicion rests upon the teeth.—*J. B. Hodgkin, D. D. S., in American Journal of Dental Science.*

Pharmaceutical.

THE QUINQUINIA OF CHAS. T. WHITE & CO., OF NEW YORK.

This preparation consists simply of the alkaloids of cinchona bark in the form of a light-brown precipitate. Being a natural combination, the proportions of each constituent may vary somewhat, according to the bark used; but after repeated examinations the average composition is determined as follows:

Quinia alkaloid.....	15 per cent.
Quinidia "	15 "
Cinchonidia "	15 "
Cinchonia "	25 "
Chinoidine purified...	30 "

NATURAL ALKALOIDS OF CINCHONA BARKS.

Crystallizable.	Amorphous.
QUINIA (quinine; (<i>Chinine</i>).	DIHOMOCINCHONIA (Dihomo-
QUINIDIA (Quinidine; <i>Hesse's</i>	cinchonine).
<i>Conchinine</i>).	PAYTAMIA (Paytamine).
CINCHONIA (Cinchonine).	CUSCONIDIA (Cusconidine).
CINCHONIDIA (Cinchonidine).	DICINCHONIA (Dicinchonine).
QUINAMIA (Quinamine).	DIQUINIDIA (Diquinidine;
QUINIDAMIA (Quinidamine;	<i>Hesse's Diconchinine</i>).
<i>Hesse's Conchinamine</i>).	PARICIA (Paricine).
HOMOCINCHONIA (Homocin-	A liquid alkaloid unnamed.
chonine).	
HOMOCINCHONIDIA (Homocin-	
chonidine).	
PAYTIA (Paytine).	
CUSCONIA (Cusconine).	
ARICIA (Aricine).	
JAVANIA (Javanine).	

ARTIFICIAL OR SECONDARY, PRODUCED BY OVER- HEATING OR CHEMICAL ACTION DURING PROCESS OF MANUFACTURE.

QUINICIA (Quinicine).	QUINAMICIA (Quinamicine).
CINCHONICIA (Cinchonicine).	HOMOCINCHONICIA (Homo-
QUINAMIDIA (Quinamidine).	cinchonicine).
PROTOQUINAMICIA (Protoqui-	APQUINAMIA (Apoquina-
namicine).	mine).

It will be seen from the above that besides the well-known alkaloids of quinia, quinidia, cinchonidia, and cinchonia, which compose the larger portion of this preparation, quinquinia also contains, in the constituent known as purified chinoidine, other valuable alkaloids, both crystallizable and amorphous.

Consultations.

Duo capita quam unum meliora.—CELSUS.

With this number we open a column for consultations, in which we shall be happy to answer questions if we can, or endeavor to have them answered if we can not. No other department of the journal can be made more interesting than this, and we ask the earnest co-operation of our readers in its behalf. Answers to questions asked, and the

generality of communications intended for this column, may be written on a postal, and will give no trouble. In all cases the name of the writer is required, as a guarantee of good faith, though it will not be published unless it is desired.

Our first consultations are of great interest, and we trust replies to them will be general. When enough are handed in we will publish the results.

1. A physician has a pocket-case containing twelve two-dram vials, which he wishes to fill with medicines which would be most likely to be of service in ordinary practice. With what should he fill it? (N. B. In replying do not give the drug simply, but the preparation—*e. g.* not mercury, but calomel in whatever the preparation preferred.

2. What twelve books would form the most useful library for a physician? (N. B. Leave out the NEWS, which of course would figure as a thirteener.)

Miscellany.

INLAND TRAVEL.—The following are the regulations adopted by the Sanitary Council of the Mississippi Valley in regard to the supervision of inland travel:

SANITARY INSPECTION OF STEAMBOATS CARRYING PASSENGERS AND FREIGHT FROM THE GULF- PORTS INTO THE INTERIOR:

Proposition I. Every captain or commanding officer shall keep in a book of permanent record the sanitary history of the steamboat from the 1st of April to the 1st of December inclusive. Such captain or commanding officer, before leaving a seaport city or town, shall obtain a certificate from a medical inspector, which certificate shall be entered upon and form a part of said record, certifying that he has personally examined the steamboat, and that all the rules and regulations adopted by this Council, relating to the cleansing and disinfection while at the docks and wharves of a city or town, have been complied with. Said certificate shall also state that the cargo of freight of whatever description is in good sanitary condition, and may be safely transported to its point of destination.

Proposition II. The captain or commanding officer shall daily enter upon this record all facts relating to the health of the passengers and crew, and the amount and kind of sanitary cleansing during the passage. The captain or commanding officer shall be compelled to verify by affidavit at the time of inspection the correctness of the daily record.

Proposition III. The reinspection of said boat shall be required only at the point of destination (except as hereinafter provided), at which point the medical inspector shall examine, before she discharges her cargo, the sanitary record of the boat

and the boat itself. If such record has been neglected and the boat is in a bad sanitary condition, the medical inspector shall require proper sanitary cleansing before the cargo is discharged or a new cargo is put on board. On the return passage the same rules apply.

Proposition IV. All boats navigating the Mississippi River shall undergo inspection and reinspection, in the same manner as above provided, upon arrival at New Orleans, Vicksburg, Memphis, Cairo, and the point of destination.

Proposition V. Whenever yellow fever or cholera prevails at any of the gulf-ports, the medical inspector shall certify on the record the precautions that have been taken, and the danger to be apprehended from cargo, passengers, and crew. The reinspection must be made at least one mile from a town, at a point suitable for the care of the sick, detention of the well, and the disinfection and cleansing of cargo and boat.

Proposition VI. The foregoing rules and regulations shall also apply to tugs, tows, and barges.

SANITARY SUPERVISION OF RAILROADS AND OF TRAVEL AND TRAFFIC BY RAILROADS:

Proposition I. Concerning the Sanitary Care of Depots, Stations, Round-houses, Car-shops, Grounds, etc.: At all seasons of the year the depots and surroundings shall be kept in a good sanitary condition, the grounds well drained and free from stagnant water and decomposing organic matter; the water-closets and privies shall be daily inspected by the local railroad agent or official, who shall cause the floors, seats, and urinals to be kept clean and free from all offensive odor; the vaults of privies shall be emptied often enough to prevent any large accumulation of excremental matter, and shall be disinfected every week by pouring into the vault a saturated solution of the sulphates or chlorides of iron or zinc in sufficient quantity to remove all offensive odors.

Proposition II. Concerning Railroad Quarantine:
1. Whenever a railroad-train departs from an infected station no person with fever shall be allowed to take passage on such train. The baggage from such infected station shall be thoroughly disinfected before leaving such railroad station. At a point not less than fifty (50) nor more than seventy-five (75) miles from the point of departure from an infected place there shall be an entire transfer of passengers and baggage to another train of cars, which train shall never enter an infected district. This transfer shall be made under the supervision of a medical officer. No person with fever shall be allowed to proceed on this train, but shall return to the point of departure or be treated in hospital at the place of transfer.

2. No sleeping-car shall be allowed to remain in an infected town, nor shall any sleeping-car approach nearer an infected place than the point of transfer. Any passenger-car leaving an infected place shall be thoroughly ventilated during its passage to the place of transfer, by having not less than one half of the windows of the cars open during such passage.

3. The upholstered seats of passenger- and sleeping-cars and the mattresses and pillows of sleeping-cars shall be thoroughly whipped or beaten (in open air so far as practicable), and brushed free from all dust, and thoroughly aired and sunned at the end of each trip. The blankets and curtains of all sleeping-cars shall also be beaten and aired in the same way. In case of infection of a passenger-car or of a sleeping-car, all the upholstery, cushions, curtains, bed-

ding, mattresses, etc. shall be thoroughly disinfected, under the supervision of a medical officer, before being again used.

4. The cars which carry freight without breaking bulk may pass without transfer if the freight cars are ventilated in such way that a constant current of air passes through the whole length of the car during transit. Way-freight shall be transferred at a point not exceeding fifty (50) miles from the point of departure, and the cars from which such freight has been transferred shall not proceed further on the road, but shall be returned to the point of departure. During the existence of an epidemic of yellow fever the freight-cars, after unloading, shall be thoroughly cleansed by scrubbing and sprinkling with carbolic acid, or fumigated and disinfected and then painted.

5. All railroad-cars should at all times be well ventilated. The freight-cars, when loaded, should have barred doors to permit the free entrance of air at all times, whether moving on the track or placed upon the sidings; and passenger- and sleeping-cars should be provided with automatic ventilators, so as to secure a rapid change of air in the cars at all times.

BATHS, AND HOW TO TAKE THEM.—From Health Primer, "Long Life, and how to reach it," by J. G. Richardson, M. D.:

It is related of the celebrated but eccentric Dr. Abernethy that upon one occasion a child was brought to him suffering from some disease of the skin, it is true, but in a far worse condition from want of cleanliness. The doctor, seeing at once that this latter misfortune was the cause of the former, said to the boy's mother, "I can soon cure your son, if you will strictly follow my directions. Get a large tub, fill it every day two thirds full of warm water, put the little fellow into it, and then rub him all over with the best Castile soap and a coarse towel." "But, doctor," exclaimed the astonished woman, "that would be giving my child a bath." "True," replied the physician, "it is open to that objection."

For purposes of cleanliness, the baths *par excellence* are those of warm water, this term being applied to the ones in which water of a temperature from 70° to 80° is employed. Liquids of this degree of heat usually give a sensation of warmth when placed in contact with the human skin, and therefore avoid the disadvantages of the shock to our systems produced by a cold bath (that is, below 60), and the excessive stimulation resulting from a hot bath (that is, one of 85° and upward). Soap, or alkali in some form, is necessary to remove the fatty matter poured out by the oil-glands already described, and for most people there is nothing better than the old-fashioned white Castile. Many persons are apt to remain too long in a warm bath, and care should be taken to avoid this mistake,

which has a very debilitating effect if often indulged in.

The frequency with which a bath should be repeated varies somewhat with different individuals. . . A safe rule, to which there are of course sundry exceptions, would be to bathe the whole body twice a week in winter and every other day in summer, gradually increasing this frequency to a tri-weekly washing in winter and a daily one in summer, if experience proves that better health is secured by such a habit.

It is very important to avoid being exposed to cool air after immersion in a warm bath, because mechanical obstructions to the outflow of perspiration from the pores being washed away, the amount of fluid poured out upon the skin, and consequently the cooling effect of evaporation from the cutaneous surface is greater, and the danger of becoming chilled is much increased. The condition is accurately expressed by the popular saying that a warm bath "opens the pores," though the exact mechanism by which this opening is accomplished is not so generally understood. Hence it follows that the best time for bathing, with those who are in robust health, yet are liable to take cold, is in the evening, when they can go to bed at once, and so avoid all exposure for some hours afterward. Invalids, however, and those who have delicate constitutions will often find that they endure the exertion of taking a bath best about eleven o'clock in the morning, after digestion of the morning meal is accomplished, and yet before they are tired out with the fatigues of the day.

Hot baths, by which are meant those of a temperature of from 85° to 105° F., are chiefly used in the treatment of diseases as powerful stimulants, and scarcely require notice here. Every parent should remember, however, that a hot bath, causing free perspiration, promoted by wrapping up warm in bed with blankets, will often save children and adults severe attacks of illness, if promptly resorted to after exposure to cold or wet.

Cold baths are invaluable aids in promoting and preserving health, if properly used in suitable cases; but may become dangerous agents, causing even fatal results, if employed by the wrong individuals, at improper times, or with excessive frequency. Very cold plunge-baths—that is, those below fifty degrees in temperature—should only be indulged in by the most robust, and even with them it is doubtful whether the shock to the system is not more injurious than the after

reaction is beneficial. In every instance the test for the advantage of a cold bath is very simple and easily understood, being merely the occurrence or non-occurrence of this reaction or "glow" as soon as the skin is dried. When such a glow is felt promptly, the bath does good, and may be repeated at the same or a slightly lower temperature; but if reaction takes place slowly, or not at all, the person feeling chilly, and the lips, the skin beneath the nails, and indeed that of the external surface generally, continuing for ten or twenty minutes bluish instead of pink, the bath does harm.

Cool (not ice-cold) sponge-baths are valuable tonics, and may often be advantageously used in delicate states of health. The shock to the system is much less than with the plunge-bath, and the consequent reaction less intense, but the rule for judging of their beneficial influence is precisely the same. . .

Baths should never be taken immediately after a meal, nor when the body is very much exhausted by fatigue or excitement of any kind, nor during nor just before menstruation, and they should be sparingly and guardedly used by pregnant women.

Children and elderly persons ought to employ warm or but slightly cool baths, never below 70° F. In persons of nervous temperament, and the subjects of valvular disease of the heart, cold baths should be very cautiously resorted to; but in robust adults of sanguine or bilious temperament they may be indulged in with much greater freedom.

SKULLS OF ASSASSINS.—Dr. Bordier has communicated to the Society of Anthropology of Paris the results of the study which he has made of thirty-five skulls of assassins, shown at the Trocadero by the authorities of the Museum of Caen. These crania were of considerable size, which, as is known, constitutes a sign of superiority. Ought it then to be concluded that assassins are more intelligent than honest people? A more complete analysis soon shows that this is not so. The frontal region—the seat of the intellectual faculties—is, in fact, somewhat less in assassins than in other men; on the other hand, the lateral or parietal region is more developed in them. This region appears, according to recent researches, to be the seat of the motor centers—the centers of impulse. It is that which is found atrophied in apathetic idiots, and hypertrophied in those who are in constant motion. Further, the back of the head is much the same in them as it is in the rest of the world. To

sum up, less reflection and more action than other men would be the intellectual disposition which this craniometric study seems to assign to assassins. In this they approach prehistoric man, and even the protohistoric. In them also is found a frontal region somewhat less, the parietal region somewhat greater. This instantaneity of action, which is thus presumed in the assassin, was, it is suggested, probably a precious quality in the savage of the stone period. The conclusion of M. Bordier is philosophically curious enough; it is that the criminal is an atavistic being "similar to an animal who, born of parents long domesticated, tamed, and habituated to labor, should appear suddenly with the unconquerable savagery of his ancestors." Examples of this kind are seen among domestic animals. Among men the analogues of these reversions (*retifs*) would be our criminals. The second part of the work of M. Bordier is devoted to the pathology of criminals. It is still more demonstrative in its character and object. Of thirty-six crania, M. Bordier found only three normal, twelve abnormal, and twenty-one pathological. The lesions affected most often that same parietal region which has been mentioned as frequently hypertrophied among them.—*British Medical Journal*.

ODD FISH.—Of the many ways of carrying on the struggle for existence, the art of living at the direct expense of another is that most popular in the animal kingdom, not always excluding the bimanous mammalia. This principle is well carried out by the *malapterurus electricus*, a small siluroid fish found in West African waters. In the April number of the Journal of Anatomy and Physiology Mr. A. B. Stirling describes a strange habit of this electric fish. Receiving a living specimen, which he called "Joe," together with a living example of another siluroid fish, which he called "Dick," he placed them in an aquarium, and found that Dick, an active, handsome fish, readily took worms from his master's hands, while Joe could not be made to rise for food. One day, however, Joe was seen pursuing Dick, and the moment the former touched his non-electrical companion the latter threw up all his food, which Joe devoured. To keep a cook on such extreme physiological principles, and to be one's own torpedo, may confer the blessings of easy digestion, and certainly seems most scientific; still it must be said of the *malapterurus*, as of some of his human fellow-creatures, that his manners

are none and his customs nasty. Dick was at last found dead on the floor, probably having received "one shock too much"—as his owner writes—from Joe, who lived on a few months, refusing all food. He died at last from the overheating of his tank, which caused him to leap out from it; and his remains and those of his companion lie, or rather hang, in the Anatomical Museum of the University of Edinburgh.—*British Medical Journal*.

PREMATURE GRAY HAIR.—A correspondent in the Journal of June 14th asks for a means of preventing the hair from becoming prematurely gray. It is very much to be doubted whether there is any means of arresting the process. In the translation of Hebra's work on the Diseases of the Skin, published by the New Sydenham Society, it is stated that there is none. An interesting fact not referred to by your correspondent—nor, so far as I can find, by Hebra—is the question of hereditary predisposition to premature grayness. Being myself an example of *canities præmatura*, I am somewhat interested in the subject. I believe that there is a tendency to premature grayness of the hair in some families; the change being chiefly, if not entirely, limited to those who have dark hair. Such at least is the case among members of my own family. Perhaps some of your readers may be able to contribute some information on this subject.—*Canities Præmatura*, in *Brit. Med. Jour.*

Selections.

Therapeutic Value of Croton-chloral.—In a very interesting paper read before the Ulster Medical Society, Dr. Riddell (Dublin Med. Jour.) reports his experience of the great therapeutical value of croton (butyl) chloral. He mentions first a case of severe paroxysmal headache ineffectually treated for many years by all the great guns of the Pharmacopœia, but cured by five grains of butyl-chloral twice daily and ten grains taken at night dissolved in spirits of wine and glycerine, with a little acid and syrup of orange to cover the flavor. The patient continues the five-grain doses at night, and now enjoys better health than she has done for years. Since that case Dr. Riddell says he has used it largely—sometimes failing, sometimes relieving—till by keeping an account of all his cases it began to be clear which were most benefited by the drug. Since then the number of cases relieved—some permanently—has increased. These cases are: headache in females arising from mental distress; those cases of headache frequent at the menopause; in fact all those called neuralgic, except a few arising from internal mischief, are bene-

fited and in some instances cured. In that distressing species of neuralgia called *tic douloureux* he has found it in many cases acting like a charm. Of course he does not include any arising from cranial or inter-cranial causes. He has tried it in neuralgia of the ovaries, but no good resulted. In insomnia it is not so reliable as the hydrate; but in some cases, where the loss of or inability to sleep is accompanied by a weak or fatty heart, it is to be preferred, as it has no weakening effect on the central organ of the circulation. In one case of delirium tremens, where the circulation was very feeble, the combination of croton-chloral with digitalis had a wonderful effect, and it seemed as if the drugs could be given together in much smaller doses to produce the same results than singly. In this he pushed it from ten to thirty grains every three hours, with dram and two-dram doses of the infusion of digitalis. In pain arising from caries of teeth he has found it useless in most cases, and in all inferior to Richardson's "*tinctura gelsemini*;" but in one case, of a nervous young lady, by giving her two ten-grain doses he was able to extract a tooth next to painlessly, to her great satisfaction. In these cases it is in affections of those parts supplied by the fifth pair of nerves that it is of most use; but to be of service the drug must be given in far larger doses than prescribed in the *Pharmacopœia* for adults, five grains three or four times daily, gradually increasing if required. If stimulants be wanted, dissolve it in rectified spirit; if not, dissolve it in glycerine. In all cases complicated with hemorrhoids give glycerine. If anemia exist, combine it with iron or, what he believes better, arsenic; then gradually lessen the chloral. In all cases he has found it better to give it in solution than in powder or pill. Dr. Riddell mentions also severe pain with photophobia and blepharospasm after injury, in which atropia failed, but ten grains of butyl-chloral repeated in an hour gave complete relief; and a case of acute painful facial carbuncle, in which the effect of ten-grain doses every three hours was "simply marvelous," the disease going through its subsequent stages almost without the patient knowing any thing of the matter from the sense of feeling. This remedy is probably less used in practice than its remarkable anodyne powers deserve.—*British Med. Jour.*

The Galvanic Battery in Poisoning from Gelsemium Sempervirens.—Dr. F. W. Goss, in Boston Medical Journal:

The patient, a lady of nervous temperament, had taken a dram of Metcalf's fluid ext. of gelsemium by mistake. Dimness of vision, dropping of lower jaw, and tingling of the extremities followed within an hour. Dr. Goss says:

I saw the patient first at 4:30 P. M., five and a half hours after the ingestion of the overdose. She was entirely conscious, but believed herself to be dying. She said she had not been at all relieved of her distressing symptoms, and that in the last hour she had become much worse. About 3:30 she had attempted to eat part of a cracker, and found great difficulty in swallowing it. The loss of power over the jaw had from that time much increased, and at frequent intervals there was a feeling of faintness. As before stated, the mind was clear, but the speech was very thick; the tongue stiff; the lower jaw dropped, so that the mouth stood wide open; the eyesight was dim, so that she could not distinguish the countenances of those about her; the pupils widely dilated and not responding to light; the pulse 132, feeble;

respirations 27, regular. There were no abnormal sensations about the extremities, though earlier there had been slight tingling in them. It was a comfort to her to have her jaw supported by the hand of an attendant.

I gave some carbonate of ammonia, and ordered the dose to be repeated every five minutes, while I went for an electric battery. On my return, at five P. M., the patient said she could swallow with a little less difficulty, and the dropping of the jaw seemed not to be quite so marked. I applied the handles of the battery to the sides of the face, and to the chin along the lower jaw. The sensation of the current was very agreeable to the patient, and in a short time the power to elevate the jaw was being rapidly regained, and the other sensations were becoming less disagreeable. At 5:20 P. M. the pulse was 120, and the pupils were less dilated. At 5:45 the pulse was 104, and the symptoms were much relieved. The use of the battery was then discontinued, it having been employed most of the time during the previous three quarters of an hour. The carbonate of ammonia was ordered to be taken less often. The next morning, September 12th, the report was sent that the patient had passed a restless night. Her eyesight was better, but it became somewhat dim upon using the eyes, and her jaw dropped a little from talking. During the next twenty-four hours she had three attacks of epistaxis, moderate in amount. The bleeding seemed to relieve her head of pain and of a feeling of constriction. No other symptoms worthy of remark occurred. The patient was up and about in a day or two.

Mammary Inflammation Treated by the Application of Ice.—Mrs. H., aged thirty-eight, was confined of her third child on May 31, 1879, and did well for five days. On the morning of the sixth she had a severe rigor, but was better the next day; and on the eighth day expressed herself as feeling so well that I did not see her again until the tenth, when I found her suffering great pain from inflammation of the left breast, which had commenced the day before. Nearly the whole breast was involved, but all below and to the left of the nipple was one hard mass. From past experience I could expect nothing but a large abscess and four or five weeks' trouble, with certain loss of the breast now and probably for the future also. Remembering Mr. Browne's suggestion in the Journal of May 31st, I determined, with the patient's consent, to try his plan, using a large Chapman's spine-bag filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone. I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning I found her hugging the ice-bag and loud in its praise. She continued suckling her infant, but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examination failed to detect any thing wrong in the breast, and she is now quite well and nursing her child. No other remedies were used; and I thank Mr. Browne for one of the most valuable hints I have ever got, and wonder why he has not told us before.—*D. M. Williams, in British Medical Journal.*

Surgical Notes on the Zulu War.—D. Blair Brown, F. R. C. S., etc., in London Lancet:

In every instance the wounds when seen by me, on January 26th, were in a sloughy condition. Large masses of purulent matter could be withdrawn with a little pulling by dressing-forceps. The wounds were unmistakably made by ordinary round bullets fired from smooth-bored guns. The ease with which most of the bullets were turned aside from their straight course after penetrating can, I think, be accounted for by the fact that they were fired, for such weapons, at considerable range; and the charges of powder must have been limited, as the enemy individually carry but one bullock's horn transformed into a powder-flask; this is usually all they have. Their fire is described to be very poor, blazing away and only occasionally hitting. It is with the assegai, however, they can do their deadliest work; but this necessitates very close quarters, what is scarcely likely to occur again. The assegais—a lance-shaped piece of steel or iron, upon a comparatively thin but well-balanced round stick as a handle—are of two kinds; the "throwing" assegais are longer and broader in the blade than the "stabbing" kind. The handles of both also differ; that of the first kind is exceedingly well-balanced, to allow of its flight through the air, which it traverses like an arrow, the broad blade acting the part the feathers do in the other, only at opposite ends of the instruments. The Zulus hold them in their right hand, their fingers clenched round the handle not far from the blade, and bending their forearm at right angles to their arms, with a backward and forward movement they direct with a sudden jerk the instrument upward into the air, where it is seen coursing like an arrow, and descending in a similar manner. At thirty yards many of them are very accurate in hitting their object. The "stabbing" assegai has a short and stouter handle, has a much smaller and narrower blade, and is attached to the handle by a continuation of the blade in the form of a steel shaft for about half a foot, and there securely fastened. In stabbing they keep the edge very low, making numerous cuts, stabs, and dashes therewith as they approach; suddenly raising the point they make a direct stab, and, without withdrawing, a rip. It appears to be a thoroughly methodical operation, requiring considerable skill to acquire. It is an error often made to think that, on nearing an enemy, they all at a certain signal bend the handles of their long assegais upon their knees, and break them short. I am told this does not take place except when they have no "stabbing" and all "throwing" instruments with them—a circumstance which rarely occurs, as they always keep close to one of the latter as their chief defense.

The wounds, therefore, received from these different proceedings must also differ in character. My late *confrère* and friend, Surgeon-major Shepherd, was killed by a thrown assegai just as he was starting from the side of a wounded Natal Carabineer whom he was examining. Trooper Muirhead, of the Carabineers, who was with him at the time, informs me that he saw it coming, bent his head down upon his horse's neck, and escaped it. Shepherd was close to him, and received it in his back. He at once fell from his horse with a loud exclamation, and was surrounded by Zulus and finished. The depth a thrown assegai will penetrate is great. In stabbing the abdomen appears to be the target they aim at, if possible. Assegai wounds of the extremities I have met with none—except the case already recorded—of any interest, no important vessel having been injured. One

officer of the Contingent received one through the calf of his leg, "pinning him to his saddle." This healed at once, and he hopped about all the time. I simply kept a bandage upon it.

If we have to retreat rapidly, then a wounded man means a dead one, as the enemy converts the one into the other at once. Assegai wounds of regions not immediately fatal generally require but the simplest treatment.

Without medicines, lint, bandages, or any of the usual equipment at Helpmakaar, I had to make use of what I could find. A considerable amount of well-tarred tow was found in a box where some wine-bottles were packed. This I used as a dressing for all the wounds, and no case did badly. Water or watery lotions were not used, except the former to wash the skin in the neighborhood of the injuries. A few fibers of the tow were used as drains in the wounds, and appeared to serve the purpose as well as any thing else.

Treatment of Pregnancy complicated with Cancerous Disease of the Genital Canal.—From Boston Medical and Surgical Journal:

In the last volume of the Transactions of the Obstetrical Society of London (Vol. XX, 1878) Dr. G. Ernest Herman has a most valuable article on this serious complication of pregnancy. It is based upon a careful study of one hundred and eighty cases. The general conclusions with which the writer closes the article are as follows:

1. That whatever influence cancer of the uterus may have upon conception is adverse to its occurrence.
2. That cancer of the uterus tends to produce the intra-uterine death and premature expulsion of the fetus.
3. That the growth of cancer of the uterus is, as a rule, accelerated during pregnancy.
4. That with cancerous disease affecting the whole circumference of the os uteri labor may be quick and easy, and the patient may recover well and live for months afterward.
5. That when delivery under such conditions is accomplished by natural efforts, expansion of the cervix takes place by fissuring.
6. That this fissuring does not usually augment the risk to the mother.
7. That imitation of this natural process, by making incisions, neither increases the danger at the time nor accelerates the progress of the disease subsequently, and that it often greatly facilitates delivery.
8. That the cases in which the cancer forms a tumor of great size or hardness are the ones in which delivery by natural efforts will not take place.
9. That where the above characters are absent no definite criteria can be drawn from the local conditions by which to foretell the behavior of the cervix uteri during labor.
10. That where delivery of a living child *per vias naturales* is impossible, such limited experience as we have shows that there is but little difference as to risk to the mother between craniotomy and cesarian section.

He also draws the following conclusions as to proper practice to be adopted in dealing with such cases:

1. That where it is possible to remove the disease, either during pregnancy or at the time of labor, it ought to be done.
2. That where this can not be done the safety of

the mother is best consulted by bringing the pregnancy to an end as soon as possible.

3. That, when labor has actually come on, expansion of the os uteri should be aided by making numerous small incisions in its circumference.

4. That dilatation of the os uteri being in progress, if uterine action should be deficient, and it becomes necessary to accelerate labor, the use of the forceps is, as a rule, better than version.

5. That when dilatation of the cervix can not take place, even after incisions have been made, either from rigidity or magnitude of the tumor, cesarian section should be performed.

Conduct of Third Stage of Labor.—1. Contractions of the uterus after the birth of the child are essential to complete the detachment and expulsion of the placenta first, and second to compress the sinuses and thus to prevent hemorrhage. 2. Periods of rest during this process are important, to permit the closing of the disrupted sinuses by sealing with coagula. 3. The early agitation of the uterus by kneading and compression would defeat the conservative forces of nature in this stage of natural labor. 4. Withhold ergot till the placenta is detached. 5. Deliver the placenta by bringing it down edgewise with the hand, and not by traction upon the cord. 6. Inertia of the uterus without hemorrhage requires time and restoratives. 7. Inertia of the uterus with hemorrhage, introduce the hand to deliver the placenta, and at the same time secure contraction. 8. Irregular contraction is best overcome by moderate force continuously applied. 9. Abnormal adhesion requires artificial interference so soon as the diagnosis is made.—*De Laskie Miller, in Chicago Med. Jour.*

What to do for Neurasthenia.—Dr. Goodell gives to Dr. S. Weir Mitchell the credit of suggesting to him the direction, as he thinks, of wise therapeutics. He first refers to the plan of treatment devised and put in practice by Dr. Mitchell and described by him in his work entitled "Fat and Blood, and How to Make Them." Struck by his remarkable success, I followed his lead in those cases of backache, and weariness, and wakefulness which tradition has labeled as disease of the womb, but which display no course uterine lesion—cases with leucorrhea, or with amenorrhea, or with menorrhagia, and yet so clad with the livery of hysteria as to perplex alike the psychologist and the gynecologist. Then, again, I was led to combine this treatment with a local one in those cases of undoubted uterine disease in which the exacting constitutional symptoms were out of all proportion to the local lesions. The results of the rest, of the massage, of the electricity, of the seclusion, and of the feeding which constitute this treatment far surpassed my expectations.—*Obstet. Gazette.*

Cupping in Carbuncle.—In the early period of my practice, some forty years ago, I used the cups in the treatment of local diseases more often than now. During this period I had to treat a bad case of carbuncle, situated on the back of the neck of an old man. While dressing it one day it struck me forcibly that cupping would be just the treatment for this case. Calling for a large goblet and some cotton, I applied it as a cup, after expanding the air by burning cotton in it. The effects were truly wonderful, drawing out from the interior of the tumor a large amount of pus and corruption, which gave immediate relief. The night following the old gentleman rested for the first

time. Since this experiment—the first one of which I ever heard or knew—I have relied mainly on the cups for the local treatment of carbuncle. It fulfills the most important indications in the local treatment of this often troublesome and sometimes dangerous disease. It relieves tension and pain, and limits gangrene of the cellular tissue. It materially shortens the time of cure. With appropriate general treatment the disease is thus shorn of half its pain, duration, and danger. The cups may be applied once or twice a day, or even oftener. If resorted to in the early stage, the scalpel or lancet should be used to induce a free flow of blood. Mere dry cupping at this time would increase the flow of blood to the tumor without relief. I would caution against too severe cupping until pus is formed; I more often use a large, blunt-rimmed tumbler or goblet than any other kind of cup. The size of the opening of the cup should be, if possible, sufficiently large to cover the base of the tumor. An air-pump attached to the cup, if at hand, would be much more manageable and convenient; but the tumbler and cotton may be used with almost equally good effect if adroitly done, besides having this advantage, of being always available.—*Dr. Hunt, in Chicago Medical Examiner.*

Gelsemium in Neuralgia.—Professor Massini, of Basle, recounts his experience of the use of this drug in the treatment of eighty cases of neuralgia of the trigeminus. In cases of this sort Dr. Massini gives twenty minims of the tincture every half hour up to three doses, and he finds that the first dose usually affords relief, and that the pain rapidly subsides after a second or third dose has been taken. He has never found it necessary to exceed sixty minims, and only in one case did this quantity produce unpleasant head symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in those it rarely fails. It also sometimes relieves the pain remaining after the stopping of a carious tooth. Where there is any inflammatory affection of the bone or periosteum, no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.—*Dublin Journal of Med. Science; Lancet and Clinic.*

Use of Chloroform in Diseases of the Heart. On this subject M. Vergely, of Bordeaux (*La France Médicale*), remarks that there is a difference of opinion, some asserting that chloroform is very useful and others that it does harm in affections of the heart. In M. Vergely's memoir, to which M. Dieulafoy has recently drawn the attention of the Société Médicale des Hôpitaux, three principal points are established: 1. That the existence of heart-disease does not contra-indicate the use of anesthetics; 2. That chloroform is a sedative in this class of diseases; 3. That it should be used with discretion. In some cases of severe palpitation chloroform may be successfully administered. Also in some cases of dyspnea and palpitation arising from mitral insufficiency, either alone or conjointly with hypodermic injections of morphia. M. Vergely has also given it without any accident in angina pectoris, and in certain other affections of the heart characterized by dyspnea and palpitation. From inquiries he has made into the literature of the subject, he concludes that this agent has been employed too timidly and unsystematically.—*Medical Press and Circular.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII.

LOUISVILLE, AUGUST 9, 1879.

No. 6.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

FOR SANITARY SUPERVISOR OF THE MISSISSIPPI VALLEY,

JAMES B. EADS, of St. Louis.

THERE is hope ahead that after all a rose may blossom in the arid deserts of the fever. The experience of last year was not entirely bitter, for in midst of all the horrors of the pestilence there arose the sweet fragrance of the sympathy of the whole people for the sufferers, rising above unpleasant memories, above bitterer politics—nay, even above the bitterest question of culture. The yellow fever has proved a nationalizer, whose fraternal influence neither the crank-headed editor of Mr. Scribner's Monthly can turn aside, nor the long wind of the touchy Virginia gentleman, who answers him, blow away.

But it isn't the sympathetic element of yellow fever in nationalizing the country which we wished to record. That was patent, and may or may not be a question of an hour. It is the more practical and lasting bonds with which the fever unites the country to which we would again refer. It is the common foe of the nation. It affects the interests of Maine scarcely less than those of Texas, and the paralysis of New Orleans shows itself in New York. It is impossible that so large a territory of the Union shall be cut off, as has happened in these last two years, and the whole people not feel its effects; and they are not going to stand it. They are going to try every means to keep out or drive out the plague, and try harder every time they fail. This

year the reliance has been on quarantine. We can scarcely do more just now, and we shall count up at the end of the season and see what it has done. Congress gave three hundred thousand dollars to set it a going, and the municipalities have added many times more dollars to keep it along. Chicago is out six millions in one day on the results; and possibly the sentiment of that not un-astute settlement may not be wild in favor of the measure. We think we may safely count on Chicago requesting a trial of something else next year—something additional at any rate. We are somewhat of the opinion also that St. Louis does not look upon quarantine as the grandest success of the century; and are quite sure that Cincinnati, before the season is out, would like to secure the elephant for its beautiful zoölogical garden.

But after quarantine are we exhausted and must we have the deluge? By no means; in fact, quite the opposite. We shall try the drain. We shall do it. Perhaps we shall go through another season or so of fever first, in exhausting seemingly inexpensive means; but the drain is what we are coming to at last. This day there meets in Washington the most important commission for the wealth and health of this country that has sat there for many years. It is called to improve the wealth of the country, but its ends will prove to be no less for health. The Mississippi River Commission is to consider plans for the continual navigation of that stream and for keeping it within its banks, whether by levies, by outlets, or by jetties; and when it has come to some solution of the problem which promises to be practical the matter is to be given to Congress. Capt.

Eads at this writing has not yet signified his intention of accepting a position on the Commission. We trust, however, that he will; for he will be practically the Commission. We have infinite faith in his ability to decide the question. If he says that by his jetties or by any other means he can deepen and clear the stream and keep it within its banks, then we believe that the great factor in the suppression of fever is found. The Mississippi without an overflow means the drainage of thousands of miles of swamps, means possible cleanliness to cities, means general improvement of health, if it does not mean the limitation of yellow fever.

A VERY important work was done by the authorities at Memphis, during the latter part of July, in taking the census of the city. The poll was made by special policemen, with the following results: whites, 4,283; colored, 11,827; total inhabitants, 16,110, of which 10,551 are adults and 5,559 are children. Of the whole, 9,743 have had the fever, leaving 7,367 susceptible to the disease.

So it shows that, thanks to the prompt action of the Board of Health in scattering the inhabitants, the Memphis hotbed is contracted into very manageable limits.

The outbreak at New Orleans also seems to be an inconsiderable affair, and the outlook all around is more cheering. The fact is, it is not what fever has done this year, but in the past, that now makes its presence to be so much feared. In the mean while, as we surmise, we amuse ourselves with quarantine, and the dim distance of the frost lights up daily.

THE increase in the subscription-list of the NEWS is exceedingly gratifying. The influence of its friends is asked to keep the work moving.

LATER advices from Prof. L. P. Yandell indicate that he will start homeward on September 20th.

PROF. JAMES W. HOLLAND has been appointed by Governor McCreary to a position on the State Board of Health. The Governor could not have made a better selection. No one could bring to the duties of the office more scholarly attainments, special knowledge, industry, enthusiasm, and fairness. We have on several sanitary matters held conflicting opinions with Dr. Holland, but we are rejoiced to know that in his official utterances we shall always have whatever is strongest to convince or hardest to combat.

THE Missouri Medical College has determined upon an advance of fees after the coming session. So also has the Medical College of Indiana. With Chicago, Cincinnati, Louisville, Indianapolis, St. Louis, and Nashville up from the low-fee basis, the matter is settled.

IN spite of the hot weather the health of the city of Louisville continues exceptionally good. There were but fifty deaths from all causes last week.

A LATE number of the Sanitary Record gives an account of the meeting of the Sanitary Institute of Great Britain, on July 10th, at the Royal Institution in London. A number of medals were presented for useful inventions, and Dr. Richardson read a paper on the Economy in the Water-supply of England. The Duke of Northumberland presided upon the occasion, and among the speakers we note Earl Fortescue and Prof. Yandell.

THE question of free quinine continues to occupy professional attention. The good effects of the bill are not yet apparent, but are simply deferred. Possibly supplemental legislation may be required, to allow American manufacturers to compete with the foreign article. Whatever is necessary will no doubt be done, and, whatever happens, the monopolies are not to be re-established.

Original.

FOOD AND FOOD-MEDICINES IN SURGERY.

BY RICHARD O. COWLING, A. M., M. D.,
*Professor of Principles and Practice of Surgery in Uni-
versity of Louisville.*

In the Hospital Gazette for June 15, 1878, there is published a very instructive paper on the value of food in Surgical Accidents and Diseases, from the pen of Professor Frank H. Hamilton.* It makes so strong a plea for alimentation in surgery, and sets forth so forcibly the rationale of such practice, that in presenting co-incident views which I have always held upon this subject, I shall be obliged to copy not only its spirit but no doubt many of its words.

I have long since regarded food as the first of remedies, and have taken it as chief maxim in practice that a return to health lies through a return of the assimilative powers and a desire for natural aliment; that whenever a drug is administered it is but a means to this end; and that in every instance its nauseant powers, which are generally certain, are to be weighed against its antidotal virtues which are, except in few instances, doubtful.

I can not but regard it as a fortunate circumstance that the impress of surroundings early led to this view of treatment, and I state them here that the force of greater authority may be added to whatever my own experience has shown. Having been intimately associated during the whole of my professional life with Prof. D. W. Yandell, first as a student and later as a colleague, I was always struck with the preponderance of food prescriptions which entered into the practice of this successful surgeon. He fed apparently under almost all circumstances. For the shock of an operation, where most men would think first of stimulants and morphine, he ordered a bowl of soup, and so constantly that the attendants in the hospitals where he was accustomed to operate provided the inevitable broth with the same certainty that they did the basins and towels. A mutton-chop in this gentleman's practice takes precedence of any remedy in the Pharmacopœia, and the directions for its proper cutting and broiling are given as minutely as if it were some deadly drug, while the injunction that the patient shall "have this

milk every hour while he is awake," is a part of his ordinary farewells. Added to such examples as these in surgery, early invectives against much of specific medication by Dr. Galt, with whom also I have always been intimately associated, have brought it about that I am to-day ignorant even of the doses of many often-used drugs. Nor have I any reason to regret it.

Of course there is nothing novel or startling in the practice indicated, at least in the doctrine upon which it is based. It means simply that our knowledge of specific remedies is very incomplete, and it is indeed exceptional to find a modern practitioner who does not believe in food. But I take it a great deal of feeding is done with words, and that drugs still hold comparatively a higher place in the estimation of many physicians, and that specific remedies and a direct attack upon disease form the basis of a vast deal of modern practice. Hence the hammering at temperature with continual heavy doses of quinine and depressants, and deeming it a great victory if it is kept down a few hours, whatever damage may have been done to the assimilative powers; hence the "shot-gun" prescriptions with ingredients for every symptom which the patient exhibits, and the constant inquiry for what is good for this and that.

Every body remembers the expression of Graves, "I fed fever." I think it could be supplemented with another sentence, "No man dies hungry who can swallow and get food."

Of course at the outset the objection is raised, that swallowing food and digesting food are two different things, and that to force aliment under such conditions is simply to the injury of the patient: which is all very true, but the majority of drugs which are administered do not help matters in this respect, and serve simply to postpone the time when digestion and swallowing are consecutive events. Prof. Hamilton disposes of this question, and I quote his words:

There ought to be no misunderstanding as to what is meant by alimentation in diseases and traumatic injuries. Food, that is, meat, vegetables, etc., are not of necessity aliment simply because they have been conveyed into the stomach. They need to be digested and properly assimilated before they can be regarded as nourishment, and it is unnecessary to say that the stomach, with the other organs of digestion, are not always in a condition to extract nourishment from all kinds of food, or even from the most nutritious food; but on the contrary the digestive organs are notoriously capricious, refusing at one time what they readily appropriate at another. . . . If the food is not appropriate the patient

* Alimentation in Surgical Accidents and Diseases, and its general value as contrasted with the value of medicine, a paper read before the New York Academy of Medicine, by Frank H. Hamilton, M. D. Reprint from Hospital Gazette, June 15, 1878.

who receives it will not only suffer from lack of nourishment, but also from the irritation caused by the presence of undigested and consequently irritating materials. Such attempts at alimentation will certainly increase febrile action and aggravate inflammation. *The fact is, however, that examples are exceedingly rare in which some feeble ability to digest food does not exist, and even in these exceptional cases a judicious selection and timely administration of certain articles seldom fail to produce an appetite, or at all events to convey to the system some nutrition.*

The doctrine which I desire to emphasize is contained in the words italicized. It means that if beef may not be taken broth may, and if not broth then milk, and if not a tumblerful of milk then a tablespoonful, and if not a tablespoonful a teaspoonful, and if these measures are earnestly pursued we may trust that by the digestion of the teaspoonful, a desire for a tablespoonful may be created, and so on to the top of the scale.

It is not meant by this to condemn the use of medicines *in toto*, but to impress the fact that they should be used as a means to the end, which is food. Certainly a cathartic or emetic may be beneficial in clearing a loaded stomach or digestive tract, but a continual drain or nausea, procured on the idea that in itself it tends to recovery, is not good practice.

Quinine in full doses is demanded at some period in almost all disorders, surgical or medical, in this locality where malaria prevails, but it does its work quickly, and its continued exhibition I can not but deem as harmful.

Antiphlogistic remedies, and powerful ones, too, are not to be condemned when used for temporary purposes to relieve congestions, but to depend upon them from the beginning to the end of the chapter to cure an inflammation, is irrational; and narcotics are certainly to be exhibited when pain sufficiently demands them, but with the remembrance ever present that they specially impair digestion, and are not to be given simply at the whim of the patient or the patient's friends. All these are at times necessary evils, and must be gotten rid of as early as possible, that the real and only process of cure may be inaugurated in the earnest and systematic exhibition of food.

In viewing food as the end of practice we are not debarred from the use of many medicines, and need not give the impression that we are doing nothing but waiting for the disease to cure itself. Independent of the use of known specifics in certain disorders we have thrown open to us a wide field of reme-

dies, in the tonics and food-medicines, one class stimulating the digestion of food, the other doing this and at the same time offering food in itself. The use of such remedies as these is in perfect consonance with the doctrine laid down. They are of more service in diseases the result of chronic malnutrition, though oftentimes some of them are not without striking benefit in acute inflammation.

As I wish here to record my own experience chiefly, I simply give the remedies of this class, which I find myself constantly using. Among the tonics these are quinine, iron, strychnine, and arsenic; among the food-medicines muriatic acid, the phosphates, pepsin, the oils, and the malt extract. I will be brief in referring to the special virtues of these, not only from lack of space, but from the fact that my experience with them is not peculiar.

Quinine I rank feeblest in tonic properties, as most powerful in antiperiodic virtues. Its value lies in the assault, and not in the siege.

Iron in liquid form is best in the old muriatic tincture, where the acid is a most powerful adjuvant. Its drawback lies, of course, in its possible injury to the teeth and tendency to constipation, and on this account the dialysed iron and other elegant preparations are exceedingly valuable inventions. For a pillular mass I prefer the dried sulphate, and give it in small doses, one half to two thirds of a grain, to guard against irritation.

Strychnine, not to make odious comparisons, I would put alongside of the topmost remedies of the Pharmacopœia, and close to it I would place arsenic. Both of these I prefer to give in pillular form with the first to avoid the taste which pharmaceutic ingenuity can in no way disguise in a liquid excipient, and with the other for the convenience which the granule offers over the drops.

Oftenest these four are combined. In fact, the prescription of a pill composed of a grain of the quinine, two thirds grain of the iron, and a thirtieth grain of the strychnine and arsenic "three times a day after meals" is such a common affair in the ills which come to me for relief that I have often suspected that I am a routinist; but I sustain my conscience with the belief that I am following the sound advice given by a patient to a friend of mine when he said to him, "Doctor, give me the best remedy first."

Muriatic acid, if I can not regard with Chambers as being nearest to food, I can believe comes very near to it. Prescribed with orange-flower water, a dram of this with a dram of the acid in a tumblerful of water properly sweetened it makes a refreshing and most nutritious drink.

The phosphates, in the form of an elixir, have given excellent results in a most pleasant manner.

Pepsine, and especially in its liquid form, made so with muriatic acid by our townsman Scheffer, I rank, with most of the professional world, as a most powerful agent of this class, being so speedily assimilated that it will often relieve gastralgia resulting from indigestion far quicker than a powerful narcotic, and this I esteem an excellent test of its virtues and mode of action.

Of the benefit of oils of course little need be said. They are not used by inunction as much as they should be, in which manner probably most of their virtues is obtained, and their nauseous taste avoided. Their taste is a serious objection to them, amounting in countless instances to a complete bar to their systematic use. The emulsions are to be chosen; that of Scott is an excellent one, and an equally good one is the one made with the malt extract.

Concerning the virtues of the extract of malt, which was introduced into this country from the German Pharmacopœia four or five years ago by the "Trommer Extract of Malt Company," I can speak in a decided manner. An extensive trial of the remedy in the acute and chronic disorders of surgery, during the past three years, has convinced me that it is a food-medicine of undoubted power, and the general hold it has gained upon the professional mind in America in this period shows that I share a very common opinion in regard to its merits.

I have been led to believe that it possesses the virtues of cod-liver oil, and it is without the disagreeable taste which clings to this last-named agent. There are very few stomachs which reject it, and to most of palates it is agreeable, it resembling, in fact, both in appearance and taste ordinary molasses. It is *par excellence* a physiological remedy, its mode of action being in converting starchy matters into glucose by means of its diastase, which is vegetable ptyalin. In whatever manner it does its work I have had ample evidence that it can reduce abnormal temperature, stimulate digestion, and make tissue.

In a subsequent paper I shall set forth more specially my experience with this preparation. My object in this has been to inculcate general principles rather than to urge the use of this or that remedy.

LOUISVILLE.

Correspondence.

LONDON LETTER.

My Dear News:

It is pleasant, at least consolatory, to find that our great English cousins in blood and brothers in medicine differ from one another, just as we do at home, on questions medical and surgical; and I am especially glad to find that not all of them have bowed the knee to the strange god carbolic acid. The great Erichsen scoffs at it, and the skillful and respected Davy will have none of it, and not a few of the strong men put no faith in it. Some days since Mr. Davy did the tenth hip-joint operation that has been done at the Westminster Hospital in which his drum-stick compressor was used. You will remember that the instrument was described by my brother, D. W. Yandell, in the American Practitioner a year ago. It acted here, as in previous cases, like magic. In this last operation but one ounce of blood was lost, and in the whole ten cases the total loss of blood was but fifteen ounces! Picture it, think of it, and then recall the old-time operation with its deluge of blood. Faith in the germ theory and in the efficacy of antiseptics is very general in London; but when such men as Erichsen and Davy—men conspicuous for their strong, plain common sense—refuse to believe in a theory, I must confess I think it is very bad for the theory. Who knows but that you and I may yet live to see this fashionable delusion buried. There are other surgeons than those I have named who believe it is not the carbolic acid, but its accompaniments, that secure the good results. Rest, infrequent dressing, drainage, and exclusion of that most irritating substance which eats up iron and corrodes all metals but gold, and rots wood and stone—I mean oxygen—do the work. In the opinion of many, if the carbolic acid does good except as a placebo, it does it by coagulating the wound surface, thereby excluding the air. And so I think.

The extraordinary good health of London continues under the cold rainy weather. The papers say that since 1860—a wet, cold sum-

mer—there has not been so small a mortality, especially in diarrhea, which is so prolific of death in children. Consumption marches on, mowing down its victims as usual; but death from the common summer diseases is marvelously diminished. No heat to generate bad air, and the earth washed clean all the time, account for this result.

On Thursday at the rooms of the Medical Society of London I heard Dr. B. W. Richardson lecture on and demonstrate the working and uses of the sphygmophone and the audiometer. Dr. Richardson is a clear, impressive lecturer, exceedingly instructive and interesting. He has great faith in the growing usefulness of these instruments, and his opinion is of no little worth. After him Dr. — gave a lecture on the toxic power of the alcohols. He began by saying that he could not consider all the alcohols, as their name is legion (and he considers them all devils), but he called attention to fourteen species recorded on the blackboard with their chemical symbols attached. I give you the names of a few that he mentioned, which doubtless the readers of the NEWS will recognize as familiar sounds: Enanthylic, isopropylic, myrillic, and caprylic are some of the easier names that I took down. Glycerine the lecturer classed as an alcohol and a poison. Now unless glycerine may kill by bursting the patient, given in gallon doses every few moments, it is difficult to believe in its being dangerous, for it has been administered in many-ounce doses daily in consumption and other diseases. He also stated that alcohol largely diluted was more poisonous than when taken neat. Here we have chemical science confirming the old verdict, "died from taking too much water in his whisky." These conclusions are deduced from experiments upon dogs, rabbits, guinea-pigs, and other unhappily-organized animals which evidently can not with comfort or safety use alcoholic beverages or indulge in the pleasant pastime of hypodermic injections with this lethal fluid. Therefore these creatures should be strictly temperate, or, rather, totally abstinent, not even venturing to take a glycerine toddy at bedtime or a glycerine cocktail before breakfast. Delirium tremens, the lecturer is convinced, is most frequently produced by alcohols from potatoes and corn, and least from the wine alcohols. I have no word to put in for the potato; but when corn-juice is trod upon, so to speak, the Kentuckian is touched in a tender spot. Can Kentucky whisky (O. K. A 1) do any one harm if taken

in proper quantity? To be serious, I say yes, confidentially. As a medicine, where ardent spirits is required, our whisky is, I am confident, the purest and best, and sooner or later it must supersede the factitious brandies now employed in Great Britain. There is a fortune for some one who will introduce Kentucky whisky into this country. The alcohol of apple and peach and other fruit alcohols the lecturer pronounced very poisonous. Sulph-hydrate of alcohol distresses the spirits; and in the breath of drunkards, who are prone to despondency, the offensive sulphurous, garlicky odor is commonly present. Hence the lecturer suggests that in the deranged stomachs of drunkards the alcohols may be converted into sulph-hydrate of alcohol, which has quite the smell above described. A vial of this malodorous material was passed among the audience, and it suggested the concentrated bottled breath of a whole family of drunkards. These lectures were given to the medical temperance society. Physiologists tell us that even the best-behaved stomach brews a little alcohol for itself in the process of digestion; and if this be so, may not the blues, melancholia, hypochondria, etc., be the results of sulph-hydrate of alcohol generated in a stomach deranged by disease.

How easily theories are made! and yet how profoundly they are believed in by many! A rising young specialist said the other day, speaking of an old specialist who has not become a convert to the cell doctrine, and all that sort of thing, "Ah! he is way behind the times; not up at all, you know, in modern pathology." I ventured to suggest that the ancient sage was probably none the worse off as a practitioner and otherwise for not being up in modern pathology, which is almost wholly theoretical. "Ah, my dear sir!" said my companion; "but don't you know that the theories of one generation become the facts of another generation, very often?" Indeed and verily I do not. Too often they come to be looked on as absurdities by the subsequent generations. Too often they are formed and thrown off like buck's horns and snake's skins, though unfortunately perhaps not with equal regularity. Theories have many times been the curse of our profession, the delusions and snares and stumbling-blocks which bother and prevent us in our progress in useful knowledge. Would there were fewer of them.

The British Medical Association meets in Cork very soon, and promises to be very

successful in scientific interest and social intercourse. I hope to send you a letter or so from there.

L. P. YANDELL.

SAVILE CLUB, LONDON, July 21, 1879.

To the Editors of the Louisville Medical News:

I notice in my article in the NEWS of July 26th on osteotomy you have misread one of the words so that it conveys an erroneous impression. I refer to the word which first occurs in the seventh line on first column. It should have read "*beading* of the costochondral articulation," and not "*bending*." The same error has occurred several times. Now, bending of that articulation is very uncommon, and when it does occur it is a late symptom, whereas a *beading* of the point of juncture between the cartilage and ribs is an almost constant symptom. I am thus placed in a wrong position. I notice in the editorial the same mistake is made. Now I do not like to be quoted incorrectly, as I am made to appear ignorant of the subject about which I am writing.

I should take exceptions (but this is not any part of my complaint) to the statement that "ninety-nine children out of one hundred are born with tibias curved," etc. There is an *apparent* curve of the tibia in young children, due to the bending of the foot *inward* from the ankle-joint, but *not* of the bone; and as soon as they begin to use the foot it assumes the natural position. Of course I would not state that a child was rickety on the fact that the tibia was curved. I should want some of the other effects of the disease. But I do not think that a bending of the bones of the legs the normal condition in young children. I also believe that rickets in a mild form is common not only in New York, but also throughout the country as well as in cities; and I think that I have seen Kentuckians affected with deformities due to it.

Pardon this rather long note, but I wish to go on record correctly.

CHARLES T. POORE.

NEW YORK, July 31, 1879.

To the Editors of the Louisville Medical News:

In the editorial of July number of LOUISVILLE MEDICAL NEWS, "Just a Word about the Schools," I notice a paragraph which does us great injustice. You say, "The Indianapolis School and the Missouri Medical College at St. Louis would not give an an-

swer; which, to say the least, was not over-polite." Now I will use, under the circumstances, very polite language, and say you are mistaken. As soon as the circular of May 13th was received I called a meeting of our faculty to take action thereon, which action was in the affirmative and in accordance with the conditions specified. I communicated the action of our faculty to the secretary of the committee, asking for an early response from him as to the action of the other colleges interested. Our circular was already in the hands of the printer, but I delayed its publication over two weeks, in contemplation of the proposed change in fees; and not receiving a reply in a reasonable time, it was finally issued at the end of June. If you will refer to circular issued by Secretary Conner bearing date June 10th you will there find evidence that the Missouri Medical College *did* have the politeness to answer, and in the affirmative. I may further state that the faculty have determined, by recorded resolution, to raise their fees to \$75 or over for the next session, whatever may be the action of other colleges concerned in the matter. It seems to me you ought to do us the justice to correct the error.

P. GERVAIS ROBINSON,

Dean of Faculty Mo. Med. Col.

ST. LOUIS, August 1, 1879.

Reviews.

First Annual Report of the State Board of Health of Kentucky. 1879.

This report, which was received some weeks ago, is, in view of the recent outbreaks of yellow fever in Memphis and New Orleans, invested with peculiar interest. The public naturally looks to the constituted authorities for action which the individual has need for, but is prevented from taking. The vast majority of persons living in cities can not take individual sanitary steps even in regard to water, air, houses, and food. Tenants of rented houses, and bound by "iron fortune," we are forced to work out health-problems and apply appropriate remedies through joint action and powers conferred by law upon qualified officers. The Legislature of Kentucky wisely established, April 1, 1878, a State Board of Health to have charge of the hygienic interests of the people. While they have much other work to do, it is in the time of an epidemic that they rise into prominence, and what they do has to every citi-

zen instant and dramatic interest. Just now their transactions and recommendations will receive marked attention from all classes.

This report opens with a copy of the act which founded the board—a very good one in the main, but deficient in some particulars, as was shown by last year's experience, recorded and discussed in various parts of the volume. It assumes that the people and the doctors are as public spirited now as there is but little hope they will be fifty years hence. In this, as in other matters, the mass of mankind can be urged and tempted to do what every one acknowledges to be best for all only by a system of rewards and punishments. To secure good mortuary reports, undertakers must be persuaded by a fee or spurred by a sharply-applied fine. What can be done by law to make the county boards of health active and vigilant? Until the spread of enlightenment and a broad humanity energizes them, it would appear that money alone can make them go.

Kentucky is famous for the economical character of the state government. It is well shown in the financial report of the secretary; though the board had at its disposal \$2,500, it expended little more than half that sum. It is a safe conjecture that with the growth of its labors and a more liberal view of its duties and privileges the balance will incline to the other side of the account. The secretary's report shows that the board did what it seemed best with its limited powers to aid the town of Hickman. As yellow fever had never before attacked within its borders residents of this state, the general opinion was opposed to the infliction of quarantine, and accordingly they took no steps in that direction.

Prof. R. Peter, of Lexington, contributes a short and pithy paper toward solving the question, Are Alum Baking-powders Poisonous? his conclusion being that aluminum finds entrance to the blood as chloride, and may gradually induce departures from health by its tendency to form fixed compounds with organic matter. Even if the greater force of its action is spent upon the stomach and bowels, their functions must in some degree be impaired.

Dr. W. B. Rodman, of Frankfort, writes a forcible paper embodying what is known on Contamination of Water-supply as a Cause of Disease. It is his object to attract the attention of local boards of health throughout the state to the condition of public and private wells. He states that "the water-

supply of many country people and citizens of towns and villages is simply horrible," and proves his assertions and the importance of the subject by instancing Lancaster and Lebanon, Ky., during the epidemic of cholera in 1873. It is to be hoped that the local boards will be awakened by this stirring appeal, and that the public mind will fasten upon the subject so eagerly that the health officers will have no difficulty in giving satisfactory answers to the circular that Dr. Rodman will address to them. One use to which the board might have put its surplus fund was to make hygienic analyses of all waters taken from town-pumps that had been viewed with suspicion by local boards. Dr. Rodman might, with the consent of the board, offer to have made at its expense such examinations as those made by Dr. Peter into the Hickman water-supply. The offer would probably be taken by many, and a practical result be at once obtained.

A History of the Outbreak of Yellow Fever in Bowling Green, Ky., in 1878, by Dr. R. C. Thomas, of that city, will be read with a degree of interest feverish in proportion to the proximity of the reader to the L. & N. & G. S. R. R. The author had last summer the prevalent belief in the altitudinal, latitudinal, and longitudinal range of this disease, but, like a candid observer, owns that the zone now includes his own town, and is more than ever an advocate of rigid quarantine at Guthrie, near the state line. There is a record of twenty-two cases indigenous, all except three residing in the immediate vicinity of the railroad depot. A map of the district makes the topography clear. The sanitary condition of the neighborhood was bad. A close scrutiny of the outbreak in all its bearings leads Dr. Thomas to infer that the specific cause was imported, and found auxiliaries of heat, moisture, and filth favorable to its development.

As one reads this and the following papers dealing with the same general subject, he congratulates himself that this board was set to work in time for the great epidemic of 1878.

To Dr. P. Thompson, of Henderson, was assigned the task of discussing The Yellow Fever in Kentucky. It begins with a narrative principally concerning Hickman. Through his official description the part called Old Hickman will hereafter occupy a "bad eminence" in sanitary annals. Every law of hygiene had been flagrantly violated all summer. Anon comes the famous steamer "Porter" from New Orleans to leaven this

reeking mess of unclean things with the specific ferment of yellow fever. So it seems to Dr. Thompson, and the reader will probably concur. There is much apt generalization upon the phenomena. One curious fact must be noted, and that is a certain gradation in virulence corresponding in a degree to the sanitary condition of different parts of the town. Old Hickman was the fatal spot. Those not immediately exposed to its atmosphere as a rule escaped. In East Hickman the danger was comparatively slight. The published reports of the Louisville cases were so contradictory that the author speaks of them with reserve. When their history is written they will be found to verify fully all his conclusions. We ask thoughtful consideration for this paragraph: "I conclude that yellow fever is strictly an infectious disease, and that it is communicable only through the atmosphere, and not from any contact or association with the sick, or from fomites, *except as these agents* come in contact with an atmosphere containing the three requisite co-existing conditions." These conditions are elsewhere stated to be continuous high temperature, excess of atmospheric moisture, and the presence in the atmosphere of products of vegetable and animal decomposition.

As at Hickman the disease prevailed to an extent to justify the term epidemic, minute study was made of its geological and other relations bearing upon this visitation by John R. Procter, of the Geological Survey. These notes are sufficient to stamp the writer as an accurate, painstaking, and highly intelligent observer. What is medical would be creditable to a doctor; the rest is worthy of all praise. The people of Hickman owe it to themselves to carry out the suggestions, which are evidently the result of clear vision and much sober study. There are many other towns in this state, the sites and surroundings of which are so deplorable as to cry aloud for survey and remedy. Should the board require a sanitary engineer, they have not far to look while Mr. Procter is connected with the state service.

From the paper of Dr. D. D. Carter, of Versailles, many will learn for the first time that an epidemic of scarlatina has been prevailing in Woodford County since November, 1876. Its course has been traced from Lexington to the cabins of servants, from them to colored neighbors and the white people they served, until the number ran up to five hundred and fifty. Belladonna signally failed to prevent. The recital of treat-

ment followed adds nothing to our limited means of controlling this disease.

In the registration report burial certificates of Woodford, Scott, and Robertson counties are published as specimens worthy of general imitation. The auditor's registration is far from satisfactory. The secretary, fully alive to its shortcomings, makes appropriate suggestions to amend the present law, now proved to be deficient. The mortuary returns of Louisville are kept with regularity, and might have been procured for the uses of the statistician.

On the whole, the work of the board as exhibited in this report is very good. No critic can be more severe than its own members. It is to be hoped that this volume will have a wide circulation, and that its successor will note that such changes have been made in the law as experience will justify.

J. W. H.

Books and Pamphlets.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS, AT ITS FOURTH ANNUAL SESSION. Little Rock, 1879.

PRECAUTIONS REQUISITE IN THE ADMINISTRATION OF ERGOT. By J. W. Compton, M. D., Professor of Materia Medica and Therapeutics, Evansville, Ind. Reprint from Detroit Lancet, June, 1879.

CHRONIC SPASMODIC STRICTURE, OR URETHRISMUS: Second paper in reply to Dr. H. B. Sands. By F. N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York, etc. Reprint from Hospital Gazette, New York.

LARYNGEAL TUMORS AND TUBERCULAR LARYNGITIS. By E. Fletcher Ingals, A. M., M. D., Lecturer on Diseases of the Chest and Physical Diagnosis, and on Laryngology, in Rush Medical College, Chicago. Reprint from Chicago Medical Journal and Examiner, July, 1879.

The Louisville Medical News.

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Consultations.

Duo capita quam unum meliora.—CELSUS.

CONTENTS OF "POCKET-CASE."—Hydrarg. chlor. mit.; pulv. ipecac.; pulv. ipecac et opii; pulv. opii; morph. sulph.; santonine; pot. chloras.; zinci sulph.; plumbi acetat.; quin. sulph.; acid salicylic; acid tannicum. For two dram vials you want no fluids nor any thing, but for *emergent* cases, till a messenger can go to drug-store. After twenty years' country practice I find this most convenient. Carry box of No. 2 capsules (Parke, Davis & Co.) They are *indispensable*.

M. E. POYNTER.

MIDWAY, KY., August 5, 1879.

3. When will the publication committee of the Kentucky State Medical Society issue the Transactions and the account of the McDowell Memorial celebration? [We give it up.]

Selections.

THE USE OF THE FORCEPS AND ITS ALTERNATIVES IN LINGERING LABOR.

At a meeting of the Obstetrical Society in London the above question was debated by Dr. Rob't Barnes, George Kid, William Playfair, Dr. Thorburn, Prof. Stevenson, and other celebrated obstetricians of Great Britain. Dr. Barnes opened the debate with an elaborate paper, from which we make the following extracts from report in Obstetrical Journal:

The Forceps as compared with its Alternatives in the Low Operation.—In discussing our question we are met by the necessity of drawing a line between what McClintock called the "high" and the "low" forceps operations. The low operation takes simply those cases in which the head has entered the pelvic cavity; the high operation applies to those cases in which the head is seized at or above the brim. The distinction is imperative. The low operation may be accomplished by the short or single curved forceps. It is usually a very simple proceeding. The presence of the head in the pelvis implies, generally at least, that there is no obstacle from disproportion to be overcome, that the resistance of the cervix uteri and vagina had been overcome, and that there remains little or nothing beyond the resistance of the vulva. We merely want a little *vis a tergo* to complete expulsion. In this conjuncture some will prefer ergot, some will prefer forceps. My own decision has long been in favor of the forceps. I hesitate to affirm that the use of ergot is wrong; but the following reasons for preferring the forceps are to my mind sufficient:

1. Since the publication of Hardy and McClintock's report of their researches at the Rotunda, which showed that unless the child were born within a short time after the action of ergot it was very

likely to be born dead. I have turned my attention to this point, and have seen abundant confirmation of the accuracy of their observations.

2. The action of ergot on the uterus is uncertain. You want a certain amount of uterine action. You give ergot, and the desired result may ensue; but it may not—you may have too much or too little. In the first event you have evoked a Frankenstein whose brute violence you can neither subdue nor regulate. The force which should be delicately adjusted to the resistance is in excess; and then you have to fear the very dangers of lingering labor—rupture of the uterus, other injury to the soft parts, and the death of the child—which you called in the ergot to avert. I prefer to enlist an ally which will do exactly what I want, and no more.

3. In a large proportion of cases of arrest of the head in the pelvis the arrest is due to malposition of the head; for example, to occipito-posterior positions. The occiput turns up under the sacral promontory, and then the driving force propagated along the child's spine tells in a false direction, tending to roll the head more over on its transverse axis. It tends, in short, to revolve in extension around the promontory as a center instead of round the symphysis pubis. The driving force is wasted; fortunately it often ceases or moderates. It is utterly unscientific, even dangerous, to goad it by ergot. The forceps is the true and effective help. It not only supplies the wanting force, but gives that force its proper direction under conditions in the highest degree adapted to secure the well-being of mother and child.

What the Forceps can do.—In discussing the use of the forceps we are naturally led to inquire what its powers are—what it can do?

The forces of the forceps are (1) tractile, (2) leverage, (3) compression or molding of the head.

The short forceps and the long forceps differ widely in the degrees in which they enjoy these forces.

The short forceps has but moderate tractile power, a limited leverage power, and scarcely any appreciable compressive power apart from what it derives from the external compression of the soft parts upon its blades.

But the long forceps possesses all three of these powers in a high degree. 1. It admits of tractile power greater than that of the natural expulsive power. 2. Its leverage power is greater, and may be often effective at a point beyond reach of the short forceps. 3. Its compressive power may be almost indefinitely increased, according to the construction of the instrument.

Now since all these forces, or equivalents of them, are exerted by nature, it is but logical to employ them in cases where nature fails. In a well-devised and executed forceps-operation something is gained from every one of these forces. The best forceps will be that which enables the operator to utilize all these forces in due harmony. Thus, excess of traction is avoided by the aid of judicious leverage and compression. Excess of compression is avoided by judicious traction and leverage. Excess of traction and compression—involving, the one, risk to the mother, the other, risk to the child—both admit of important mitigation by external compression and pushing, imitating the driving force of nature. And thus the highest degree of safety is secured to both mother and child. To throw away these powers possessed in the highest degree by the long forceps is to abdicate a vital part of one of the most beneficent powers that science has ever put into our hands.

I have only a word of caution about the use of leverage in the high operation. It must be applied with care and moderation. Its advantages are not so manifest as in the low operation. But those who declaim against leverage absolutely must be reminded that to avoid it altogether is a physical impossibility. The great difficulty in practice is to find the equilibrium between the powers of the forceps and the resistance to be overcome.

We now come, then, to the question of the *high operation*, the great point upon which the contest turns. Here problems comparatively unknown in connection with the low operation come into consideration. In the low operation we are mostly concerned with the second stage of labor, when the expulsion of the child is partly accomplished. When the high operation is in question we have commonly to act during the first stage of labor, when the child has made little or no progress, and therefore when in many cases the cervix uteri is imperfectly expanded. The head has to be sought and seized at or above the pubic brim. This of course demands a long and double-curved forceps. There is a greater complication of factors; far more judgment and skill are required in deciding upon and in carrying out the operation.

What are the Conditions which Demand or Justify the High Operation?—It may be at once admitted that there are cases of lingering labor during the first stage; that is, before the cervix uteri is fully expanded, and before the child's head has entered the pelvis.

One order of such cases may be quickly dismissed. Those in which the uterus is more or less paralyzed or disordered in its action by excess of liquor amnii, by the presence of twins or too large a child, or by extreme rigidity of the cervix uteri. The first difficulty is often got over by simple puncture of the membranes. But not seldom the evacuation is not complete enough; the head drops upon the unexpanded os uteri, and blocks the way of escape like a ball-valve, and labor is suspended, "lingering." In such cases I have often obtained quick release by introducing one blade of the forceps. This lifts the head off the cervix, forms a channel for the flow of the ponded-up waters, and calls out the reserved diastaltic function. If the uterus and system have been so far weakened as not to respond to this tentative measure, the second blade is introduced, and the proper action of the forceps is invoked.

Secondly, labor also may become lingering in the first stage because the *child is dead*. When the child has been dead some time it has lost its resiliency, and driving force acting upon it tends to compress it into a ball instead of propelling it onward. Craniotomy would be the proper alternative here; but until we know the child is dead the forceps is preferable. And *monsters* commonly cause lingering labor for analogous reasons.

Then we come to a third order of cases, in which the liquor amnii has sufficiently escaped, and in which the head rests upon the brim, or is only partially engaged within the brim, and the cervix uteri is imperfectly expanded. We may here call to mind the general fact that the full dilatation of the cervix is effected by the eccentric pressure of the bag of membranes and of the child's head, and that consequently we do not expect to find full dilatation until the head can engage in the pelvic cavity. It is true that in some cases of very protracted labor the uterus, shortening itself under long-continued efforts, may open,

while the head is delayed above the brim. But the fact remains generally true that so long as the head is above the brim the cervix is only imperfectly expanded. Hence it follows that to apply the forceps to the head above the brim the blades must generally be passed through an imperfectly-dilated cervix. We must recognize this fact, because it is a direct infringement of the old canon never to use the forceps until the os is fully expanded. We see in this fact also one broad distinction between the low and the high operation.

What are the cases, the liquor amnii having escaped, the head resting on the pelvic brim, and the cervix imperfectly expanded, which call for the forceps or its alternatives? We may clear the ground by saying that the first alternative to try is patience and reasonable time. Ergot is open to even greater objection in this case than when the head is in the pelvis. Without condemning the practice of those who do use it, I may be permitted to repeat that I myself would not use it. Delay at the brim may be due to minor degrees of disproportion, and this is not always easy to diagnose. Ergot, therefore, may be injurious as well as uncertain.

There is another order of cases in which the head is delayed at the brim, which involves the conditions of lingering labor; I mean cases of overhanging belly and uterus, in which the abdominal muscles fail to keep the long axis of the uterus and child in due correlation with the axis of the pelvis. Here the forceps is especially useful, even though the cervix be not fully dilated. The alternative is turning. Both are facilitated by delivery in the dorsal posture, and by compression of the abdomen.

What is Lingering Labor?—We may now apply the test, What is lingering labor? For it will scarcely be denied that, if the signs of lingering labor are manifested while the head is above the brim, we are as much called on to interfere as when the same signs are manifested, the head being in the pelvic cavity. And unquestionably these signs may occur; but they will occur much more rarely than at a later period—that is, during the second stage of labor. To state the proposition is almost to prove it. Fatigue, exhaustion, is a question of time. It is not necessary, then, to insist that a patient's strength may take her easily through the first stage, and yet be inadequate to carry her through the second; just as a pedestrian may do his first ten miles without distress, and yet break down during the next lap. It may be true that the first stage presents the greater difficulties, but then these are encountered by fresher powers.

Let us take it, then, as granted that the high operation is sometimes called for; but experience, as recorded by Collins, Ramsbotham, and a host of others, compels us to affirm that the *necessity for this operation* can not be frequent. The frequent resort to the operation, then, must rest for its chief justification on its *utility*, and in utility is included *safety*. Apart from the cases of necessity, when is the operation useful? and what are its dangers—I mean those pertaining to the operation itself?

Dangers of the Forceps in the High Operation.—I will first take the question of danger, assuming, of course, reasonable skill. The forceps has to be introduced through an imperfectly expanded cervix. Dr. Johnson admits danger. He is careful to say, "I must here caution the practitioner that this operation is not without danger in unskillful hands, by whom it should never be attempted." I am dis-

posed to go further, and say that this operation is not without danger even in skillful hands. The width of the fenestra of the forceps is about two inches. When both blades are applied to the head we have a globe measuring generally more than four inches in diameter to bring through the os uteri; but the os uteri may be three inches or less in diameter. We must therefore apply the blades high above the os uteri. This is generally not very difficult. I have often done it. The difficulty comes later. You begin extraction. If the os is easily dilatable—and sometimes it is so—it is dilated after a process closely resembling that of nature. The head globe is made to open it. But it frequently happens that the os is not so easily dilatable. The natural order and process of labor has been disturbed, partly, it may be, by the difficulty which made it lingering, and partly by the interference of the operator. This disturbance is very apt to entail, if not spasmodic rigidity, at any rate a passive unyieldingness of the cervix. Thus, what happens if you put on traction? The whole uterus and child are dragged down together some way, and sometimes very far toward the pelvic outlet. The blades of the forceps divergent, with the head between them, will not come through the narrower os. Traction under these conditions must often be continued for a long time—an hour or more—before the head will come through. And during all this time the pressure upon the inner surface of the lower segment of the uterus and upon the thin edge of the os uteri is very great, sometimes more than it will bear with impunity. Some amount of bruising is inevitable—more, perhaps, than it would have undergone if left to nature—and not seldom, as I know, the os uteri is torn. And this also I know, that during this artificial dilatation of the cervix the suffering of the woman is greater than when the dilatation is effected under the natural forces. Then, again, the disturbance of the natural process of parturition, the due sequence of its acts being perverted, entails after-trouble. I am sure that the disposition to retention of the placenta and hemorrhage is increased. Now, these are precisely the effects of lingering labor which we urge as our excuse for operating. What have we gained? . . .

A most serious objection to the high operation lies in the difficulty of diagnosing whether the case before us is one that fairly admits of the operation being carried out. There are, for example, minor degrees of obstruction—from slight pelvic contraction, from rigidity of the cervix uteri, or from slight excess in size or want of plasticity of the child's head—which the long forceps may succeed in overcoming. We are, in fact, on the very border-line of the dominion of the forceps; and we can not always tell until we try whether the forceps is equal to the trial or not. In the case of primiparæ this point is especially difficult to determine. It may to some extent be determined, first, by exploring the brim of the pelvis fairly by the hand under anesthesia; and secondly, by a tentative use of the forceps. We can but give it up for turning or craniotomy if it fail.

We may do much to overcome rigidity of the cervix uteri by copious warm-water irrigation and the hydrostatic bags.

Forceps or Craniotomy.—There is an argument which the advocates for the free use of the forceps urge, and justly urge, which claims the most earnest attention. Neglect of the forceps entails abuse of craniotomy. You wait so long that at last the child has to be sacrificed in order to save the mother. A

careful survey of the annals of obstetric practice justifies this conclusion. . . .

I may here state that my experience of the comparative resort to the forceps and craniotomy, and of the mortality of mothers and children in the practice of the Royal Maternity Charity, is very similar to that of Ramsbotham, whom I succeeded; and I think I may appeal to my successor, Dr. Roper, to support the proposition that the statistics of this great institution still bear the same evidence.

I regret that leisure utterly fails me to draw out an analysis of my forceps and craniotomy operations during an active consultation practice of twenty-five years; but I may safely venture on the statement that my forceps and turning cases greatly outweigh the craniotomies. Contrasted with craniotomy, the forceps is frequently an elective alternative operation; and so, again, turning is not unfrequently an elective alternative against craniotomy. To have demonstrated this I take to be one of the many claims to the gratitude of mankind, and to a place in Westminster Abbey, which Sir James Simpson has established.

General Conclusions in regard to the Use of Forceps.—I beg leave to conclude this rapid and inadequate review of a difficult question by stating the following propositions as presenting the points that chiefly challenge discussion:

1. In lingering labor, when the head is in the pelvic cavity, the forceps is better than its alternatives.

2. In lingering labor, when the head is engaged in the pelvic brim, and when it is known that the pelvis is well-formed, the forceps is better than its alternatives.

3. In lingering labor, when the head is resting on the pelvic brim, the liquor amnii discharged, and it is known, either by exploring with the hand or by other means, that there is no disproportion, or only a slight degree of disproportion, even although the cervix uteri is not fully dilated, the forceps will generally be better than its alternatives.

4. In proportion as the head is arrested high in the pelvis, in the brim, or above the brim, the necessity, the utility, and safety of the forceps become less frequent.

5. As a corollary from the preceding proposition, increasing caution in determining on the use of the forceps and greater skill in carrying out the operation are called for.

In most things there is a middle way. "*Ni jamais, ni toujours*," is a proverb full of wisdom. I can not better illustrate the wisdom of deducing the greatest good from over-caution upon the one hand, and from too bold enterprise upon the other, than by citing the precept and practice of Boër. This famous surgeon, having witnessed in Paris the extreme activity of French midwifery, and in London the too procrastinating practice of England, recognized the middle course as the best, constructed his forceps of medium length, saying, "Every thing is not to be taken away from nature, neither is every thing to be left to her."

Irritable Bladder.—Dr. Piffard, of New York City, speaks favorably in Chicago Medical Journal and Examiner of a tincture of "shepherd's purse" (*capella bursa pastoris*) in this affection. Ten to thirty drops of tinct. thlaspi, as it is called and sold at homeopathic pharmacies, several times a day, he found to act satisfactorily.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII.

LOUISVILLE, AUGUST 16, 1879.

No. 7.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

CHANGE OF NAME.—The name "LOUISVILLE MEDICAL NEWS" was selected for this magazine when its proprietors had little experience in the field of journalism. They have never been wholly satisfied with it, as it represents but one department of the publication. Besides this reason, the name is common enough to cause some confusion, there being three other medical journals in the country bearing a similar appellation. The proprietors of the NEWS have therefore had it under consideration for some time to change its name, and have at length determined to do so with the first number of the next volume. The journal will then be styled "THE MEDICAL AGE"—a name, we believe, possessed by no other medical publication, and one which we hope no medical publication which contemplates entering the field hereafter will imitate. The "NEWS" has brought us much luck, to be sure, and has been pretty thoroughly advertised from one end of this country to the other; but we trust the "AGE" will bring us luck also, and the same energy will be used to push it as was done with its antenymic. "THE MEDICAL AGE" strikes us as being an excellent name—distinctive, euphonious, cosmopolitan, and dignified; of which graces we shall aim to make it a true stamp.

THERE is no danger of any one lighting up a superstitious fire along the American line, and not having the same promptly squirted on from the cold waters of the Philadelphia Medical and Surgical Reporter. This faith-

ful watchman upon the towers of medical Asrael of course is not pleased with the president's address before the last meeting of the Association; that is, in so far as it attempts to prove any thing. "The logical necessity of assuming intelligent design in order to explain the adaptations of nature is wholly rejected now even by many theologians," says the P. M. and S. R. Why it should feel called on to assert this self-evident truth we do not see. All the world knows by this time that it was manufactured by Mr. Tyndall, with the help of a select company of American apprentices.

THE Memphis Board of Health on the 9th of August formally declared yellow fever epidemic in that city, the number of deaths from this cause exceeding that from all others. Virtually, if not technically, yellow fever has been epidemic in Memphis from the time when the first case occurred this year, as what it could do and would do was then thoroughly feared.

A FOURTH school of medicine has been established in Louisville, where there are already five medical journals. We trust this inequality will not last long—that either the journals will come down or the schools go up. Far better the latter; for then we should lose nothing, and besides only fifty or sixty out of the seventy or eighty born professors in Louisville are as yet provided for, and there is still a little unrest among the ten or twenty outers whose talents are unappreciated and unemployed. Let us thank our stars, however, that the ten or twenty are no longer the twenty or thirty.

Original.

FOOD AND FOOD-MEDICINES IN SURGERY.

II. EXTRACT OF MALT.

BY RICHARD O. COWLING, A. M., M. D.,
Professor of Principles and Practice of Surgery in University of Louisville.

In a former paper I gave at some length the general principles which I think should guide the surgeon in the constitutional treatment of surgical accidents and diseases. They were, however, in no way peculiar to surgical practice, but applicable to disease in general; and it is well enough at times to call to remembrance the old truth, sometimes overlooked by students and junior practitioners at least, that the principles of medicine are the same in all its branches, and that surgery differs from its sisters simply in its operative and manipulative demands. The surgical title to the paper in question was chosen principally from the fact that the experience upon which it was written was drawn chiefly from practice in the surgical branch of our art.

It has occurred to me that it would not be without interest in a second paper to give some examples in practice illustrating the general principles referred to before, and especially to record an experience with a very serviceable food-medicine—the extract of malt—which in a general way was highly commended. Testimony to the virtues of this preparation has been very widespread and decided; but, so far as I know, it has been given by practitioners of medicine chiefly. I shall be able to show, what of course might have been inferred, that the extract of malt loses none of its power in the treatment of surgical accidents and diseases, and that this field offers extensive opportunities for its use.

The introduction I had to this remedy was such as to make a lasting impression upon me. In August of 1876 a patient, aged five, in whom I had far more than a professional interest, after a slight indisposition for several days began to show an elevation in temperature. As this was decidedly periodic, I thought it, of course, to be of malarial origin, and gave myself but little concern about it until I discovered it could not be permanently controlled by quinine. In decided doses the temperature would come down for a day, to rise again upon the next, reaching a maximum of 101° . Lan- guor, weakness, and anorexia increased, and

within a fortnight cough and bronchitis were established and the patient was at length forced to keep her bed. As the symptoms did not improve, the thought came to me that it was tubercle I had to combat. Oil was rejected or taken after such a continued struggle that I substituted the Trommer malt, which about that time was coming into some use in Louisville. Its beneficial effects were apparent in a very short time. The temperature speedily came down and remained down, the cough disappeared, and in a fortnight the child was at play. Whatever was the name of the disease, it was one of malnutrition; and I have always thought that what was or might have been the development of tubercle was arrested by the malt and milk upon which alone the child was kept after the first futile attempts to arrest the disease with antiperiodics.

With such an introduction as this, of course I was led to use it in practice, and there are few accidents or diseases of surgery in which I have not tested its virtues; so much so, in fact, that I fear their enumeration will sound much like an index. In all the joint diseases, whatever may be the vexed question as to their traumatic or strumous origin, it ranks with the oils in curative power. A paper or plaster brace (seldom a steel instrument), with oil, malt, or malt and oil, is the constant practice of Professor Yandell and myself in all troubles of this sort; and so, too, a like prescription along with the jacket in spinal disease and with massage and exercise in lateral curvature. It has been tested in ununited fracture along with other means, in the waste accompanying caries and necrosis, and in chronic ulcers. It has often entered into the treatment of diseases of the skin—which, as Wilson says are expressions of weakness—both in my own practice and in the extensive clinic of my colleague Prof. L. P. Yandell. I have used it in some of the rectal diseases accompanied by emaciation, notably in fistula and stricture, where its laxative properties have been useful adjuncts to those of repair. I have used it in malignant diseases as a nutriment, and in lupus along with arsenic with some hope of cure, certainly with benefit to the patient. In syphilis it is of decided service, accompanying the specifics, and also in chronic gonorrhea.

I mention gonorrhea last among the chronic diseases I shall enumerate, because it offers one of the most common fields in which food and food-medicines are demanded and are neglected. In no disease is the mis-

take oftener made of attacking with specific remedies to the exclusion of rational means. When the discharge is not speedily subdued by the injections, in a short time after the inflammatory symptoms have subsided, it is useless to trust to such medication alone. The old idea that starvation is necessary to subdue the gonorrhea still holds in the minds of many practitioners; but the fact is that diet, beyond being selected, is not to be disturbed at any period, and if the inflammation gets a fair hold it must be increased to the maximum. Yet there are instances without number where, in spite of the hollow eyes and wasted form, the changes are rung on the several astringents, with no thought that the lost appetite must be restored—nay, with even the additional prescription of nauseous drugs, which destroy all chance for its resurrection. Here is the most brilliant field for food and tonics, and where the malt extract will often prove of infinite service, if the syringe be allowed to rest and *copaiba* laid aside.

The chronic disorders of surgery offer the most favorable field for the malt extract, but in acute surgical fever it may not be without benefit. In a few instances of simple surgical fever I think I have reduced temperature with it, but it has not often occurred to me to prescribe it in preference to milk and stimulants. In the fever of blood-poisons I have been greatly disappointed with it, as I have with every other remedy. In well-pronounced pyemia, which luckily is not common in our hospitals and is rare in private practice, although it seemed to be a rational remedy, it has given no notable results; nor indeed have quinine in any doses or the antiseptics, so far as I have been able to judge. In the very few cases of recovery with which I am cognizant the specific remedies were shifted so often that the outcome could not be credited to any special one. Whisky and milk, which formed the basis of all treatment, were no doubt to be given the most credit.

The following cases are given more because they are typical than because they offer any special points of interest after the general statements which have been made:

CASE I. TORTICOLLIS AFTER SCARLET FEVER.

In April, 1877, J., a boy of eight, was sent to me by Dr. Turner Anderson with a wry neck, which had developed after a severe attack of scarlet fever six months previous. The head was firmly drawn down upon the shoulder of the left side, the sterno-

mastoid, trapezius, and the deeper muscles being involved. Under chloroform the contraction could be made to disappear. Mr. Autenreith, of Cincinnati, made a very efficient steel instrument (it was just before the day of plaster jackets and jury-masts in Louisville), which consisted of a body-brace and derrick attachment, by which the head could be lifted in the proper direction. It was fitted to the boy, and he was put upon the Trommer Extract of Malt. He was quite wan and thin, but under the malt his appetite improved and he rapidly gained flesh and strength. The instrument was worn, though somewhat irregularly, for several weeks, but then was laid aside, as the boy was ashamed to go on the street with it, attracting attention and being laughed at by his companions. It became evident, too, that as he improved in condition his neck became notably straighter; and the parents being pleased with the malt extract, it was kept up for a time. Ultimately the head could, by the patient's own exertion, be held erect; and at present, except with a tendency to fall somewhat on one side, it can be straightened at will. Probably the patient would have "outgrown" his deformity, but the cure was started apparently and hastened by the remedy in improving nutrition and restoring the balance to the muscles in building up the general strength.

CASE II. PALMAR ABSCESS AND TRAUMATIC FEVER.

X., aged fifty-five, wounded the knuckle of his middle finger by striking an antagonist on the teeth. The wound speedily inflamed and an abscess formed in the back and in the palm of the hand. When I saw him he had been suffering with this for three days, he having during that time been treated by another physician who was now called away. The wound on the knuckle had been enlarged into the back of the hand, poultices had been applied, and there was a tolerably free discharge of offensive matter. I lanced the palm freely where the matter was seeking to escape on that side, and reapplied the poultice. He was in great pain, and had not slept, save by snatches, since he received his wound, in spite of large and repeated doses of laudanum. His temperature was up several degrees. He had not tasted food for several days, and had taken but a few spoonfuls of milk. As the pain was great, I gave him larger doses of opium and urged him to his food. At the end of twenty-four hours (the next morning) there was not a

particle of improvement in pain, in wakefulness, in disgust for food. I directed the malt extract, plain, and that alone. He took a tablespoonful of it every three hours, *and he slept that night* for the first time. His condition rapidly improved. His temperature was down to 100° in forty-eight hours after the malt was begun; his appetite returned; he took no more opiates from the time I had withdrawn them; and in a week was about with his hand in a sling, recovering with the loss of the joint, which was involved, the bones of which became necrosed.

CASE III. SPINAL DISEASE.

C., a farmer's lad, aged nineteen, brought to me October, 1877, by Dr. Foss, of the "Pond Settlement" in the county, for incipient antero-postero curvature. Had been subject to chills for a long period, which had continually recurred in spite of quinine and tonics; was emaciated and without appetite or strength, and with more or less constant intercostal pains. There were tender spots about the fourth and fifth dorsal vertebræ, with a just perceptible bow. He was swung and a plaster jacket applied, and put on a tonic pill of quinine, iron, and strychnine with the extract of malt. He wore a jacket seven months, kept up the tonic pills for two months, and the malt during the whole period. The jacket was renewed twice. He regained his health completely, got twenty pounds heavier, and in spite of his stiff cuirass in three months returned to his labor upon the farm, chopping wood, etc. There was no evidence of his spinal trouble when he finally laid aside his jacket.

CASE IV. SARCOCELE WITH FUNGUS.

Y., at nineteen years, contracted gonorrhea, which went into gleet. His discharge kept up, from first to last, fifteen months. Toward the end of it he had an orchitis, supposed to have been caused by the injections used. It passed through an acute stage of a week or two, during which Y. was confined to his bed, after which he went about. The swelling, however, did not subside, though the testicle remained but little tender. It was a year after the orchitis began that the tumor softened—without decided pain—in front, and an abscess discharged. Three weeks later (October, 1878) the patient came to me. I then learned the history given above. The patient was very poorly nourished, and was much under weight, which, however, never had been

great. He had a nasal catarrh and chronic cough, apparently laryngeal. I could not make out any organic trouble in the lungs. He was a non-consumer of fats and a small consumer of any thing, and altogether exhibited very little vitality. His right testicle was as large as a hen's egg, and indurated. From the front of it low down there was a fungous growth as large as a partridge-egg. Y. had come to me to have the growth removed, thinking there was no other plan of getting rid of it. I decided against castration, if for no other reason, because the patient was in a poor condition for an operation—the wound of castration healing particularly slowly under adverse circumstances.

I gave him a wash and put him on tonics and malt. He took malt and oil for awhile, but, not agreeing with him, he was on the malt and iron throughout the rest of his treatment. Of local application he used carbolized washes, alum, bluestone, and an axle-grease containing tar, which he used at his own suggestion, and which made a good application. He was my patient for seven months. His improvement was early in so far as his general condition was concerned, though it was a long time before any effect upon the fungus was perceived. The cure, however, though slow, was steady, and by the middle of the following May the growth was entirely removed, the opening healing completely, and the swelling in the testicle subsiding. An examination made this day (August 14th) shows the right testicle as soft as its fellow, somewhat smaller from apparent loss of substance, where the fungus was situated, which is marked by a clear cicatrix, the skin adhering to the testicle. The patient is also improved in every way. His cough has left him; he has gained flesh; color has come to his cheeks; his catarrh gives him little trouble, and his appetite is pretty good. Although far from being a vigorous man, compared with the emaciated and devitalized individual who nine months ago presented himself to me for castration, he might be ranked as an athlete.

CASE V. LUPUS.

In April, J. C., aged fifty-five, was brought to me by Prof. Bell for consultation in lupus. He had been a soldier during the civil war, had received a gunshot wound in the hip, and was discharged for disability. The leg upon that side was still weakened, requiring a stick for support, and his general strength was much below the average. He had a

lupus of four years' standing about the size of a silver half dollar, extending from the eye, the ball of which was protected by the nictitating membrane, the upper surface of which was involved, over upon the nose. Upon the other side of the nose and upon his hands and arms he had the brown scales generally accompanying the disease. We put him on the "Extract of Malt with Iodides" and arsenic, and directed infrequent dressings of prepared oakum to the sore. Keeping him a few days, during which his general condition improved, he was sent to his home in the lower part of the state. His condition is described by himself in a letter dated on July 17th, which I transcribe: "I am taking the medicine as directed and have weighed regularly. You remember I weighed 140½ pounds on the 30th of April. I have reached 153 pounds, but since this hot weather I am falling back as I always do. My rest is good; I eat heartily. My skin is clear, and I look several years younger than when you saw me. I am a fourth stronger, and suffer but little. The sore is not 'eating,' but, strange to say, is not healing yet; but I continue the treatment, as it is the only thing that has ever benefited me. One thing more: I have an old cut toe which has appeared to be dead for years. Summer before last it festered under the nail, ran awhile, and then became dead and dry, the nail remaining fast. It never grew out until I came from Louisville. It is now out a fourth of an inch with a young nail under it. My medicine has become pleasant. I am taking it in sweet milk, and I think with better effect."

Certainly in this last case, if the lupus is only at a standstill after three months' treatment, and will probably require an operation, something has had a powerful effect on the nutrition. I will not stop to speculate on what it was or was not, but give the story of the man (who was as guileless as a child) as he wrote it. It would be far from my purpose also to overrate the virtues of the malt extract. My object is only to give it a high rank among the constructive remedies of surgery; without results in a number of instances, succeeding in far more; not superior to the oils except in its wider applicability; not displacing other tonics or food-medicines, but acting happily with or without them, as the case may be. That it is a fat and tissue producer there is not a doubt, and it can be expected to do just such work as belongs to such agents.

LOUISVILLE.

Correspondence.

To the Editors of the Louisville Medical News:

Influenced by some strong medical and lay testimony in its favor, I determined to try the health-restoring virtues of this place. As a Kentucky institution in the sphere of therapeutics, your readers may be interested in hearing something about it.

First, as to the water. It is certainly chalybeate and a powerful diuretic. It is *said* to contain also sulphur, magnesia, and a subtle gas of special virtue, which the initiated say can only be secured when the water is drunk at the fountain. They affirm that this gas is lost in transportation from the spring to the house, only a few hundred yards. Most persons, after a week's use of the water, find their bodies and limbs covered with an eruption, much of which assumes the form of pustules. I can think of but two ways of accounting for this: Either the water is a poison producing this cutaneous disease, or its diaphoretic properties are so thorough and efficient that the ill humors we bring here with us are drawn to the surface, and so expelled.

Against the first supposition—the poisoning—it is to be said that the eruption is accompanied with no bad feelings, neither debility nor febrile irritation, but that, on the contrary, there is a slight sense of improvement of the general health. I therefore incline, for the present, to the second hypothesis—that the water draws off in this peculiar way some of the malarial poison absorbed in the lower and richer portions of the country. I hope that my further experience may help to verify this second alternative. So far it is with me experiment and not experience.

The formation of this and the adjoining regions is of free- or sandstone. The hills and dells are profusely covered with the characteristic mountain growth—the pine, the laurel, the holly, and the hemlock. The rocks, of immense thickness and strangely marked, are composed for the most part of water-worn flint pebbles imbedded in a compact sand of the same material. Of course these rocks could only have been formed by gradual deposition from turbid waters at the bottom of a sea deep enough to exert the necessary pressure for the consolidation of these materials. And as these rocks are older than the limestones which cover so large a portion of Kentucky, they must have been upheaved by internal forces through

and above this limestone formation. Here is a distant outpost of the poor but health-bearing primitive rocks of the eastern mountain ranges of the Atlantic border just upon the edge of the productive limestone and alluvial regions of our great West.

Here I am reminded of an oft-repeated taunt of the half-educated men who for some years have been the leaders and prophets of a section of the scientific world. Over and over again, at every possible occasion, it is said by these leaders that religion has been driven from its most cherished beliefs by the onward march of science; and it is more than insinuated that the same continued progress of science will presently leave no religious beliefs to comfort or to disturb mankind.

The facts we have been speaking of illustrate very aptly the foolishness of this cant. Until recently the constitution of the crust of the earth was equally unknown to all classes. The universal interpretation of the Mosaic account of the creation was in accordance with the universal ignorance of the facts. But this interpretation touched no religious belief, no dogma of theism or of Christianity. As soon as the facts which showed the erroneousness of that interpretation were ascertained, theologians were not the last, but were among the first to accept them. With the philosophic freedom that happily distinguishes the higher ranks of all the professions, the abler theologians promptly readjusted their interpretations of Genesis to the newly-discovered facts, and found in these writings of God upon the rocks more admirable testimonies to his far-seeing providence and to the truth of that other written record, the Bible. The very first introduction of the beautiful science of geology to the general public in a popular form was by a distinguished divine of the Church of England, in a course of "Bampton Lectures,"* published about fifty years ago; and ever since, as before, Christian writers and thinkers have kept abreast of the progress of science in this and in every other department. They accept the facts as fast as they are learned. They are often the foremost discoverers of these facts. But here is their offense: With the same philosophic perception of the distinction between fact and crude speculation, they reject the idle guesswork of mere naturalists, who, knowing little beyond their specialty, intrude into regions far beyond their depth, and oracularly announce as science the merest pigments of imagination in the sphere

of metaphysics and philosophy. With highest reason Christian thinkers reject this nonsense, and calmly rest assured in the conviction that God's word in nature and God's word written, when both are understood, will always be in perfect accord. In the meantime they can not but mourn over the wreck of faith in the multitudes who, because these distinguished men are trustworthy guides in the natural sciences which they have studied, accept them also as guides in the higher learning of philosophy and religion. J. C.

ROCKCASTLE SPRINGS, PULASKI CO., KY.

To the Editors of the Louisville Medical News:

June 7th number of MEDICAL NEWS contains an article, written by Dr. W. H. Long, of Louisville, on the Use of Salicylic Acid in Rheumatism, in which he claims to have derived no benefit from its use, and wishes to be excused from being numbered among those who believe that salicylic acid is a specific for rheumatism. In the many articles which I have read during the last two years upon the use of this drug, I believe I have seen but one or two writers who claim that it is a specific, but many claim to have had good results from its use.

I do not believe in specifics, and I believe there are but few allopathic physicians who do. What I understand by a specific is a medicine of supposed infallible efficacy in the cure of a particular species or form of disease; and such remedies are rare. It is true we have remedies which have special action upon some particular organ—for example, like that of ergot upon the uterus—but for such we can not claim a specific for any disease. Dr. Long expected entirely too much from the use of salicylic acid, and, because he did not find in it a specific, condemns it. He would not think of treating a patient with a severe attack of typhoid fever with quinine or alcohol or muriatic acid alone; yet, when you combine these remedies with good nourishment you seldom fail in having good results. And so it is with salicylic acid: we can not expect by the use of this drug alone always to cure our patients, but by combining it with other remedies which may be indicated by the symptoms there is no doubt but that we shall find it a valuable remedy.

I have treated a number of cases of acute rheumatism in the two last years with salicylate of soda—which I prefer to the acid, being more pleasant to take—and can con-

* Bridgewater Treatise.

scientifically say that it has done all I expected of it. I always give alkalies with the soda if patients suffer much pain; give Dover's powder every four hours; see that the bowels are freely moved at least every other day. When I use Dover's powder I usually give the two drugs together to an adult—ten grains of soda to six grains of powder every four hours. Now it might be claimed that the alkalies with Dover's powder would control the disease alone without the soda. So it might if the attack was not a severe one. But I claim for salicylate of soda that it will not only assist in curing the disease, but will mitigate the symptoms to such an extent that the severity of the attack will be arrested; and can say further that since using this remedy I have met with no cardiac disturbance following acute rheumatism, which difficulty I often met prior to its use.

For chronic rheumatism I do not claim much benefit; yet in one case of a young lady of nineteen, who had been troubled with attacks of chronic rheumatism which lasted for several weeks, I was called to see her at the commencement of one of these attacks; and, by giving ten grains of salicylate of soda every four hours, succeeded in arresting the attack in six days. I have also given it in other cases of chronic rheumatism, in which I did not think I derived much benefit.

In conclusion I would say that I do not think salicylate of soda or salicylic acid a specific for acute rheumatism; yet, if the treatment is begun at the proper time, and combine such other remedies as may be indicated, that the most satisfactory results may be obtained. Further, that we should at no time be too hasty in condemning the therapeutical effects of new remedies, for by so doing others may be led to discard the use of them in other localities where good results might be derived from their use.

JOHN F. ALEXANDER.

CENTER HALL, PA., August 5, 1879.

A TORNADO.

To the Editors of the Louisville Medical News:

At half past five o'clock, on the afternoon of May 30, 1879, a tornado passed through Irving; and half an hour later a second one crossed the track of the first in the village limits. In the town and vicinity more than forty houses were blown to pieces; in some instances boards were carried miles away.

A large stone school-house, two stories high, is now literally a stone-pile. Ten persons were killed outright, three more died within two hours, and one old man, terribly wounded, died sixteen days after of gangrenous erysipelas. This old man had a dislocation of the left humerus into axilla, a luxation of the right foot backward with a Pott's fracture of right fibula, a compound fracture of right humerus, and a broken rib. Of course there were innumerable cuts and contusions, of every size and shape, in every conceivable spot. A peculiarity of these was splinters of wood, dirt, and gravel deeply imbedded in the flesh.

Sixteen cases of fracture came under treatment. Three were dressed with silicate of potassium, and none gave good results. One, a median fracture of the radius and ulna, had to be redressed with plaster of Paris on account of a perceptible angle. One, a compound fracture of the ulna, the patient told me, was refractured and dressed, leaving much deformity. The third, a fracture of the thigh and leg in a boy watched day and night, gave fair results. It makes a neat dressing, but hardens slowly. A trebly comminuted fracture of leg, where a half section of the tibia an inch long was removed, with a fracture of lower third of femur, dressed in plaster of Paris with large opening, gave an inch shortening. Two boys with fractured clavicles, put up at first with adhesive strips, succeeded in wriggling loose repeatedly, and the axillary pad had to be substituted, with good results.

In compound fractures woven wire splints admit of irrigation and give adequate support.

L. CHASE, M. D.

IRVING, KAS., August 4, 1879.

Consultations.

Duo capita quam unum meliora.—CELSUS.

4. A man thirty years of age came to me for treatment with the following trouble: Whenever he took a bath, or water came in contact with his body in any way, he suffered the most intense smarting, burning, and itching. I asked him how often he washed himself, thinking perhaps his trouble might be due to a neglect of cleanliness. He said he took a bath twice a week! but it made no difference how often he bathed. Said he had been to a number of physicians, but had obtained no relief; that he had tried all sorts

of remedies, but they did no good. I did not know what to do for the man, for the reason that I did not know the cause of the trouble. Can any one of the subscribers of the NEWS give me any information as to the cause of the trouble, and the treatment for it? The man smokes almost continually; might not that cause it? x.

[As no eruption is mentioned, this is probably a hyperesthesia—the sign of neurosis—and demands nerve-tonics. Stop his tobacco and give Fowler's solution in increasing doses until specific effect is produced; then reduce gradually.—J. W. H.]

Books and Pamphlets.

FIRST ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS. 1879.

AMERICAN NERVOUSNESS: ITS PHILOSOPHY AND TREATMENT. By Geo. M. Beard, M. D., New York. Delivered before the Baltimore Medical and Surgical Society. Reprint from Virginia Medical Monthly.

ECONOMIC MONOGRAPHS. No. XIV: PROPOSED LEGISLATION ON THE ADULTERATION OF FOOD AND MEDICINE. By Edward R. Squibb, Brooklyn, N. Y. Reprint from Transactions of the Medical Society of the State of New York for 1879. New York: G. P. Putnam's Sons. 1879.

The Louisville Medical News.

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Miscellany.

OBSTETRICS IN SIAM.—Samuel R. House, M. D., a medical missionary, communicates to the Archives of Medicine an interesting account of the perils of childbirth in Siam:

Obstetric practice in Siam, as will be conjectured, is of the rudest kind. Were all

left to unassisted nature, mother and child might fare better; but not a little "meddlesome midwifery" is resorted to, and one strange custom is universally prevalent as abhorrent to good sense as it is to humanity.

Elderly women are their chief dependence on these occasions, and they are as officious and as wise in their own conceit as "experienced nurses" in more civilized communities are apt to be. Male practitioners are summoned only in exceptional cases. Utterly ignorant as these are of anatomy and of the nature of the process of parturition, and holding as they do that all the delays and obstructions are caused by demoniacal interference, their practice consists much of it in incantations and exorcisms and in the rudest methods to hasten expulsion. A favorite way to expedite matters is to press with great force upon the abdomen and its contents, shampooing vigorously with the thumbs and fists. They even stand with bare feet upon the poor woman's body, crowding the heel upon the front or sides of the distended uterus, and all without the slightest reference to or knowledge of the condition of the os uteri. The writer has seen a large psoas abscess produced by the violence used on such an occasion.

Is the patient feverish and restless? the doctor fills her mouth with perfumed water over which a charm has been muttered, and spirits it dextrously in a fine and not unrefreshing spray over the all but naked body of the sufferer, bidding at the same time the evil spirit to begone. If the same peremptory order were given to the numerous sympathizing female friends who crowd the little room and keep up a loud and incessant chattering, more good might result.

Does the labor prove still tedious? a large brass bowl is procured, a long wax taper is lighted and fastened in the bottom of it by a few drops of the melted wax, silver coins to the amount of ninety cents (which are to revert to the doctor as the invariable fee for this service) are stuck upon the sides of the candle, and the bowl is filled up with uncooked rice, upon which some coarse salt, dried peppers, etc. are thrown; and over this, with hands laid palm to palm and bowed head, an incantation is addressed to the invisible powers which have control over the malicious demons that are hindering the birth of the child.

Mean while for any bad symptoms that may arise medicines are administered in accordance with their simple theory of pathology and therapeutics, that all disturb-

ances of the system are produced by undue preponderance of one of the four elements—fire, wind, earth, or water. As a specimen of their prescriptions the following may answer. It was made by the court physician, in the presence of the writer, for a lady of high rank, at the time of her confinement: Rub together shavings of sapan wood, rhinoceros's blood, tiger's milk (a white deposit found on certain leaves in the forests), and the cast-off skins of spiders.

But at last the delivery is accomplished. Then a scene of confusion begins. One rushes out for salt, another for warm water and an earthen basin to wash the child, a third with frantic haste brings for the mother's comfort an earthen tray full of fire-brands snatched up from the kitchen fire, which soon filled the room with a blinding smoke. Meanwhile a piece of split bamboo is looked up, from which a rude knife is fashioned, and with this the umbilical cord is cut or rather sawed through; for with nothing metallic may the cord be severed under any circumstances. Since they never tie the cord, this is not bad practice, as by it liability to bleeding is prevented. An old earthen jar is now found to receive the placenta, which, with two or three handfuls of coarse salt thrown upon it, is then buried somewhere in the garden, averting thus evil that would otherwise befall the mother and child.

Next the child is washed and laid on a soft pillow, around which, to protect from drafts and mosquitoes, a close curtain is extemporized by using the three-yard piece of printed muslin that constitutes a Siamese dress. From the very first day babes in Siam are fed with honey and rice water, and have the soft pulp of bananas crammed into their little mouths.

And now with the mother begins a month of penance, exposure to true purgatorial fires. It is inground into the native female mind in Siam that the most direful consequences to both mother and child will ensue, unless for thirty days after the birth of her first child (a period diminished five days at each subsequent birth) she exposes her naked abdomen and back to the heat of a blazing fire, not two feet distant from her, kept up incessantly day and night.

From this curious Siamese custom of "lying by the fire," this cruel addition to the unavoidable trials of women in childbirth, none in palace or bamboo hut dare to exempt themselves. No superstition has greater hold upon them or more terrifies them with

fear of coming evil if they fail to comply with it.

And their medical science bolsters up the custom, by teaching that after the birth of the child there is always a diminution of the fire element in the system tending to produce stagnation, a flabby state of the uterus, bad humors in the blood, a bad quality of milk, and other unknown and terrible dangers to parent and offspring, from which this free external application of heat alone can deliver them. They think, too, that the due quantity, quality, and proper duration of the lochial discharge depends on this exposure to the fire. Vain is it to tell them of the mothers of other countries who receive no detriment from their dispensing with such a usage. They are sure Siamese women require it, and they confirm their faith in this practice by pointing to the wives of European residents, who, it must be confessed—owing, of course to the prostrating heat of that tropical climate—do not generally rally very well after child-bearing.

The manner of conducting this slow self-torture is as follows: A fire-place is brought in, or extemporized upon the floor of the lying-in chamber by having a flat box or a simple rectangular framework of planks or trunks of banana-trees, some three feet by four, filled in with earth to the depth of six inches. On this the fire is built with sticks of wood nearly or quite as large as one's wrist. By the side of this oblong frame and in contact with it, raised to the level of the fire, a piece of board six or seven feet in length is placed, and on a coarse mat spread upon this, or upon the bare plank itself, the unfortunate woman lies, with bare back and limbs—quite nude indeed, save a narrow strip of cloth about her hips—with nothing else to screen her from a fire hot enough to roast a duck. There, acting as her own turnspit, she exposes front and back to this excessive heat; an experience not to be coveted in any land, but in that burning clime of perpetual summer a fiery trial indeed.

The husband or nurse is ever hard by, like her evil genius, to stir up and replenish the fire by night and by day. True, if it blazes up too fiercely for flesh and blood to endure, there is at hand a basin containing water and a small mop with which to sprinkle it upon the flames and keep them in check. For the escape of the smoke no provision is made, for chimneys are unknown in Siamese kitchens even. It ought to be added that hot water alone is allowed to quench the patient's thirst.

Selections.

THE CONSTITUTIONAL TREATMENT OF
UTERINE DISORDERS.

[From Goodell's Lessons in Gynecology.]

One cardinal rule in the treatment of all uterine disorders is the internal administration of iron and of other tonics, unless contra-indicated. To these may be added, whenever the womb as a whole is congested or hypertrophied, ergot, quinia, arsenic, or potassic bromide, either singly or more or less in combination. Whenever one of my patients can or will take cod-liver oil in conjunction with the syrup of the iron iodide, I feel that half the battle is won. The bowels should be kept soluble. An excellent pill for this purpose, to be taken at bedtime, is:

R Ext. colocynth. comp..... gr. ij;
Ext. belladonnæ..... gr. $\frac{1}{3}$;
Ext. gentianæ..... gr. j;
Ol. carui..... gtt. ss. M.
Et ft. pil., No. j.

The pulvis glycyrrhizæ comp. of the Prussian Pharmacopœia is another good laxative. I have kept patients upon it for months, and always with benefit. The formula for it is as follows:

R Pulv. glycyrrh. rad..... } āā $\bar{3}$ ss;
Pulv. sennæ..... }
Sulphuris sublim..... } āā $\bar{3}$ ij;
Pulv. fœniculi..... }
Sacchar. purif..... $\bar{3}$ jss. M.

Sig. One teaspoonful in half a cup of water at bedtime.

The Lady Webster pill also is peculiarly suited to many of these cases of obstinate costiveness. Two or three pills may be given at bedtime.

The following tonic pills are much prescribed at the clinic:

R Acid. arseniosi } āā gr. $\frac{1}{35}$;
Strychniæ sulph..... }
Ext. belladonnæ..... gr. $\frac{1}{5}$;
Cinchoniæ sulph..... gr. jss;
Pil. ferri carb..... gr. ijss. M.
Et ft. pil., No. j.

R Acid. arseniosi gr. $\frac{1}{35}$;
Cinchoniæ sulph..... gr. jss;
Ferri et potass. tart..... gr. ij. M.
Et ft. pil., No. j.

The sulphate of cinchonia in these pills may be advantageously substituted by a proportionate dose of sulphate of quinia, the former being used simply on account of its cheapness. One pill may be given after each meal.

Basham's iron mixture, with the addition of fractional doses of strychnia, will be found very admirable in its effects. There are so many indifferent recipes for making this celebrated mixture that I shall here give the one which seems to me to be the best:

R Tinct. ferri chloridi..... fl. $\bar{3}$ iij;
Acid. acetic. diluti fl. $\bar{3}$ ss;
Liquor. ammoniæ acetat.... fl. $\bar{3}$ ijss;
Curacoæ } āā fl. $\bar{3}$ j;
Syrupi simplicis..... }
Aquam, ad..... fl. $\bar{3}$ viij. M.
Sig. One tablespoonful after each meal.

The following formula makes another very elegant and generally useful preparation of iron:

R Tinct. ferri chloridi..... fl. $\bar{3}$ ij;
Acid. phosphorici diluti..... fl. $\bar{3}$ iij;
Spts. limonis..... fl. $\bar{3}$ j;
Syrupi simplicis..... fl. $\bar{3}$ ijss;
Aquam, ad..... fl. $\bar{3}$ vj. M.
Sig. One tablespoonful after each meal.

The dilute phosphoric acid is added both because it is a valuable nerve-tonic and because it has the property of disguising the styptic taste of the iron; so much so that children readily take this mixture.

There are two other tonic preparations which we prescribe very frequently in this building, and with capital results. One of them is Blaud's pill, which Niemeyer extols so very highly:

R Pulv. ferri sulphat. exsicc... } āā $\bar{3}$ ij;
Potass. carb. puræ..... }
Syrupi..... q. s.

Ut fiat massa dividenda in pilulas, No. xlviij.

During the first three days one pill is to be taken after each meal. On the fourth day four pills are taken during the day, on the fifth day five pills, on the sixth day six; that is to say, two pills after each meal. For three days more six pills are taken daily; then the dose is to be increased by one pill daily until three pills are taken after each meal. On this final dose the patient is kept for three or four weeks as the case may be. In stubborn cases I have occasionally run up the dose to the number of five pills thrice daily, and have seen no other bad effects from it than a feeling of fullness in the head. This immunity is probably owing to the conversion of the iron sulphate into a carbonate.

The other preparation is a valuable alterative tonic, for the formula of which I am indebted to my friend Dr. A. H. Smith:

R Hydrarg. chloridi corrosivi... gr. i-ij;
Liq. arsenici chloridi..... fl. $\bar{3}$ j;
Tinct. ferri chloridi..... } āā fl. $\bar{3}$ iv;
Acid. hydrochlorici dil..... }
Syrupi..... fl. $\bar{3}$ iij;
Aquam, ad..... fl. $\bar{3}$ vj. M.

Sig. One dessertspoonful in a wineglassful of water after each meal.

Anemic and chlorotic patients will fatten and thrive wonderfully on this mixture. I call it the Mixture of Four Chlorides. It should not be given for a longer period than two weeks at a time.

When patients complain of nervousness or of sleeplessness, the potassic bromide must be given, either alone or in combination with other remedies. A cheap mixture, much thought of by our patients at the University clinic, is the following:

R Pulv. ferri sulphat. exsicc... gr. xxx;
Potassii bromidi..... } āā $\bar{3}$ j;
Rad. calumbæ contus..... }
Aquæ bullientis..... Oj.

Steep for twenty-four hours and then strain.

Sig. One tablespoonful in a wineglassful of water just before or after each meal.

I can not say much for the palatableness of this infusion nor more for its pharmaceutical elegance; but it does good, and we therefore give it largely to our poor patients. The iron and the potash in it may be increased or lessened, or the former may be left out, as the case may be. The zinc valerianate given thrice daily in doses of from two to four grains is one

of our best nervines. For a better class of patients the following antispasmodic mixture can be prescribed with very general satisfaction:

R Elixir humuli..... fl.℥j;
 Elixir ammoniæ valerianat. }
 Syrupi lactucarii..... } āā fl.℥ ss. M.

Sig. One dessertspoonful at bedtime or during the day when needful.

When ergot is indicated it may be given continuously and in full doses, either by the mouth or by the rectum. The suppository is made by inspissating the fluid extract by a moderate heat and incorporating it with cocoa butter. Of these two modes of administration I much prefer the latter, as it does not disturb the stomach. In country practice the ergot may be given in a starch clyster.

In addition to these remedies an effort should be made to distract patients from self and to make them forget that they are invalids. Their tendency is to give too much heed to every little ailment. They should be urged to give up the recumbent posture, to take regular exercise, and to expose themselves without veils and parasols to the direct rays of the morning sun. Woman, as well as plants, needs sunshine. Tea and coffee should be given up, and milk or claret substituted. A wholesome diet of easily-digested meats and vegetables should be ordered, pastry interdicted, and the old adage inculcated of "early to bed and early to rise." A moderately cool bath may be taken daily, provided no great fatigue is induced by it and a healthy glow follows its use. The brisk rubbing down after a cool bath, by putting many muscles into play, is one means of furtively giving exercise to those patients who are indisposed to take it as such. The corset should be discarded; the clothes must fit loosely and be supported from the shoulders. However unreasonable this advice may have seemed to the woman while her health was good, she will now usually adopt it, but not without many a pang and many an inward struggle. No vanquished knight ever yielded up his armor with worse grace.

For obvious reasons, when young girls or unmarried women exhibit symptoms of uterine trouble, an examination by the finger or by the speculum, or a treatment requiring the use of the latter, should never be insisted upon until other measures have first been faithfully tried. These measures will be limited to the hygienic and constitutional treatment just detailed, and to such local remedies as the patient herself can use, viz. the hot douche, the hip bath, vaginal suppositories, vaginal injections, etc.

DEATH FROM INTRA-VEIN AIR IN ABORTION.

A medico-legal case of abortion has occurred in Massachusetts (Boston Medical and Surgical Journal), which brings to light sudden death probably resulting from the entrance of air into the uterine sinuses. Criminal abortion had no doubt been performed by a doctor upon a negro woman six or seven months gone in pregnancy. The method was by syringe and warm water. The woman died suddenly during the operation. The following are the results of the post-mortem ten hours after death:

The only external evidence of violence was fresh blood-staining of the underclothing about the genital organs. The mouth of the womb was sufficiently dilated to admit easily the index-finger. The unruptured membranes were felt through the neck of the organ by the examining finger. The uterus rose

above the umbilicus to the height usual in the seventh month of pregnancy.

An incision was made from the neck to the pubes. The blood following this incision over the thorax was frothy. The heart and lungs were removed. When opened, the heart was found empty and healthy throughout; the vessels connected with it were also normal. The lungs were hyperemic, color red, vessels distended, the air-cells filled throughout with bloody serum. In the stomach, liver, spleen, intestines, and kidneys nothing abnormal was discovered.

The uterus, vagina, and bladder were removed together. The bladder, which was healthy, was first dissected off. I then opened the vagina along its anterior median line to the os uteri. The mucous membrane of its lower third was deeply reddened, and abraded in places. The mouth of the womb was patulous, reddened, and somewhat excoriated. The neck of the organ, two and a half centimeters (usual) in length, was dilated throughout sufficiently to admit the finger; its inner surface was reddened and free from all mucus. Following up the vaginal incision, I next opened the uterus to the fundus, carefully avoiding any injury to the membranes, which were as yet entire. On the *right* side, front, and back of the organ I found the membranes dissected up from the uterine wall to the extent of some two thirds to three fourths of their whole connection with the interior of the womb. The lining of the uterus, from which the membranes had been detached, was reddened, and scattered over its surface were seen a number of bright red loose clots of the size of a pea or bean. The placenta was involved in this separation, its right edge to the depth of two and one half to two and three fourths centimeters, around one third to one half of its circumference, being detached, opening uterine sinuses. No clots protruded from these sinuses, nor was blood as a layer effused over any part of the interior of the organ. The remainder of the placenta and the membranes were normally adherent to the interior of the womb. The placenta was of usual size and appearance, attached to the fundus.

The amniotic sac contained a well-developed female fetus, thirty-nine centimeters in length, and weighing fully one and one third kilograms, floating in a clear fluid, and having a fresh, healthy appearance. Presentation cephalic, with the back of the fetus to the abdomen of the mother. The ovaries were enlarged, bound posteriorly to the tissues by adhesions; when opened they were found to contain cysts and a corpus luteum.

The brain was anemic; nothing unusual further was observed on careful examination of all its parts.

Danger of Uterine Injections.—The medical examiner, Dr. Gleason, testified at the inquest:

The appearances in the womb indicated that some force coming from without had with violence dissected up the membranes and edge of the placenta. Water or like fluid, alone or mixed with air, forcibly injected into the organ would cause the appearances seen at the autopsy. No evidence of disease was found, or cause of death other than the *uterine interference*. It is unsafe to inject any substance into the pregnant uterus. Air or gas or any *liquid* containing the same is especially liable to cause sudden death. Quite a number of fatal cases from this procedure have been reported of late. With this catheter [catheter and syringe shown] fitted to the filed nozzle which was found affixed to the syringe we should have an effective instrument for giving an intra-uterine douche. The catheter could be readily passed, going

up between the membranes and the uterine wall, the discharge-pipe of the syringe then being connected by means of this prepared nozzle, and the instrument is complete. The autopsy showed conclusively that there had been no considerable loss of blood, as there were no clots protruding from the sinuses, nor was blood effused over any portion of the interior of the uterus beneath the detached membranes. The death was undoubtedly instantaneous. If we assume this syringe with catheter attached to have been the instrument used, *air* during its working (as will be shown later) could get in at the point of insertion of the nozzle (roughly filed) into the catheter, and also at the bulb, from some imperfection in the same.

Air forcibly injected into the uterus in the condition in which this was found might enter the circulation through the uterine sinuses and cause instant death. In such cases the precise mechanism of the mode of death has been a matter of some dispute among pathologists. In the case of this woman the post-mortem appearances indicated at least the very strong probability of death from air embolism. In the case of Mrs. H. it should have been easy to diagnose her pregnant condition at this period of its advancement. It was easily made out at the autopsy before opening the body. Pregnancy was uncomplicated, and the position of the fetus was favorable to hearing the sounds of the fetal heart.

The redness of the interior of the uterus, from which the membranes had been detached, was the result of the sudden and violent stripping off of the same from the lining beneath; it was of recent origin, as were also the excoriations.

In justifiable abortion the method of inducing uterine contractions by the use of the intra-uterine douche, known as Cohen's method, was advocated and practiced to some extent thirty years ago, but to-day is almost universally condemned on account of its danger. By the profession in general the use of such injections is now chiefly limited to cases of extreme flooding after delivery, and to cases of septicemia. Physicians sometimes err in diagnosing pregnancy. In uncomplicated cases such mistakes are infrequent so late as the sixth or seventh month.

Causes of Death in Uterine Injections.—Dr. J. R. Chadwick also testified, and gave the following summary of causes of death from uterine injections:

The manner and suddenness of the death can be explained on one only of three theories: that the woman died, first, of shock; second, of embolism; third, of the entrance of a large volume of air into the blood-vessels.

1. Although authorities state that death from shock may result from uterine and vaginal injections, yet no reported cases are known to witness in which this is clearly made out; hence we are led to believe that the term shock, which is now used in many cases where no demonstrable cause of death is found at the autopsy, has been applied in instances in which the more scientific pathology of the present day would show to have been due to embolism or air in the veins.

2. Embolism. Death from this cause is very rarely instantaneous. If it occurs, it must result from an arrest of a clot at or near the heart, and would be disclosed by careful autopsy. Besides, days would be required to allow any coagula that might be found in the uterine veins to become so disintegrated as to be taken up by the blood and carried forward toward the heart.

3. The entrance of air into the blood-vessels has been shown to have occurred in very many instances,

and to have caused instant death. Many theories have been advanced to account for this result. I believe this to be the true explanation: The regurgitation of the blood in the large arteries, which takes place as soon as the impulse of the heart's contraction is removed, is competent to *close* the valves at the orifice of such vessels. Now if air is substituted for blood, the valves do not close, and the circulation of the blood is arrested, however vigorously the heart may continue to beat. Instant death is the result. Further, in this instance the detachment of a portion of the placenta opened some of the uterine sinuses, and the autopsy showed that they were not plugged up by coagula.

Thimble Blistering.—An ordinary sewing-thimble, a little loosely-picked-up raw cotton, enough aqua ammoniæ (strong) to saturate cotton without running out, are the preliminary agents required. Gently press the thimble over the selected spot until sensation of heat has been felt for two or three minutes; wipe away any ammonia which may remain on the surface; now with the finger rub away the superficial skin; apply dry morphia by at first gently rubbing on, and then carefully adding a drop of water. A small quantity of morphia may be repeated at short intervals until your patient feels its effects or is satisfied with the relief obtained. Be sure you hold on until you get the blistered surface. Don't rub at the skin and then apply the ammonia; otherwise your patient will not be impressed with the beauty or comfort of the operation, and on another occasion might throw a damper over your zeal by calling for the syringe or wishing some other mode to be used. For affections of the face and head I select the mastoid portion of the temporal bone as being the best point for the application of the blister. In conversation with my friend, Dr. Apperson (the inventor), I find he does not seem to have used morphia much in this way, nor could he tell me when or where he got the idea. Within the last few years, roughly speaking, I have used this mode probably one hundred times, and in but two cases have I had obstinate nausea, and in these I imprudently used too much morphia.—*Dr. J. C. Watson, in Virginia Medical Monthly.*

The True Use of Quinine.—These negative qualities, however, do not degrade quinia from its true cardinal position. While we know little that is positive of its seat and mode of action, its most obvious and all-important use is to overcome periodical congestions, the ultimate effect of malarious poisoning of the blood. Thus, when moderate doses are given, after invigorating the stomach, its first impression seems to be directed to the nerves of organic life, as may be learned at the bedside, by changes in the capillary circulation; its next effect is evidently on the cerebro-spinal nerves. The best designation to which it is preëminently entitled is that of an anti-periodic; for its main property is to overcome periodical congestions, which it does best in proportion as they are the more recent, whence follows its unquestioned value in all paroxysmal fevers. On the other hand, both experience and observation have taught that in chronic malarial cachexia it takes a secondary position to several other remedial agents; for it evidently possesses a limited and at times injurious power over passive, or the more so over hypostatic congestion of long existence, especially when given *ad saturandum* or to produce a greater sedation.—*Dr. A. G. Tebault, in Virginia Medical Monthly.*

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EDITORS.

THE PARTING OF THE TWINS.

The Board of Regents of the Kentucky School of Medicine has accomplished an important act. It has entirely severed that institution from connection with the Louisville Medical College. Henceforth the two schools are to be in reality distinct. They are to have separate habitations, different professors, and a wax model and manikin each to itself. Nay, even more than this; they are to be divided by mutual hate. They have parted in anger. The "Louisville" shall go its way during the winter and the "Kentucky" through the spring, as of old, to be sure; but their paths shall not touch or cross each other as of yore. They shall come no more together to repel a common cuff or to divide a common spoil. When "Kentucky" meets "Louisville" hereafter it means gore, or hair, or, may be, to drench each other in fraternal mud.

How did it come about? Well, it were a long and perhaps not a very pleasant story, and we had best cut it as short as we can. It was a prosperous old show in its time, was the Phenomenon. It was run with an energy which put to shame the proprietor of the two-headed calf or of the four-eyed chicken. It had its bills upon every dead wall in the country and its finger-post at every cross-road, saying, "This is the way to Phenomenon." And it had an awful lot of drummers; the preachers, the editors, the legislators, and all sorts of people were enlisted to shove the crowd along. For they

thought they were engaged in a noble work, as the bills said that this was a great moral show, and moreover it cost nothing to get in. So it thrived apace; but alas! the evil day dawned upon it.

You remember how the wicked NEWS arose on the first of January, 1876, when the Phenomenon was in the heyday of its fortune, and took it on itself to tell the people what the Phenomenon really was? How it followed it about through the country, and when it stuck up its flaring bills announcing its brilliant and cheap attractions, it pasted others beneath them which said: "These be bogus, gentlemen; the Phenomenon company has n't got these things to show you, and it is n't cheap at all. They may charge you very little at the ticket-office, but they make it up, when you get under the canvas, on the lemonade, which is very weak, and the peanuts, which are awfully stale. And it is n't a moral show at all, gentlemen. The fact of the business is that the police may gobble you up if you go about it."

Well, of course, this sort of thing lessened the crowds that came, and the talk about the police at length frightened the proprietors themselves, and so they quit a good many of their old practices, and tried to lead a better life. But they only did tolerably well at this. They weren't bad enough for the bad people or good enough for the good; still they made a living, and the NEWS people hauled off for the time, satisfied with the work they had done. Now and then, to be sure, they shied a mere brick or so at the canvas, to let them know that they were still around; but you who watched the fight will remember that the NEWS, for the last

year or two, has pretty well retired from the ring. But we gabble about what you already know. What finally burst up the Phenomenon?—that is the point you want to find out. Well, that's just the point we were trying to get off from telling.

First of all, Mat. Medica, the flip-flapper, had a row with the management, and had to leave. We believe that it was about a side-show he wanted to run, and they would n't let him, because it interfered with the other side-shows. This hurt them more than they thought, for he was an elegant flip-flapper, and the fellow they got in his place was entirely a new hand at the business. And besides this, when he went he told a good many things which were done in the dressing-room. Next, Sir John, the Strong Man, left them and went into another business; and that did n't help them any. And then the ring-master took sick, and had to leave the sawdust. That hurt them worst of all. He was a first-class man. George! he would have the old coal-oil lamps fixed up so they shone like gas, and arrange the tinsel so it looked like silver; and talk! So sweet and slow and solemn. O, he was "*so* perlite and pompious." Law's a mercy, he beat all the ring-masters in the business. When he said, "Step this way, Mr. Merriman," it sounded like Daniel Webster; and besides, "Mr. Merriman" stepped lively. He managed them. There was no rowing with him. They had to stand up to the business whether the box-office panned out all right or not. They were afraid of him, and were glad for a while that he was gone; but they missed him terribly. Things went on badly when he left. The smaller fry—the rough-tumblers, carpet-spreaders, candy-sellers, etc.—began to quarrel about their wages, and the larger fry began to neglect their work; but this is the way it culminated.

The gentleman whose business it was to ride two horses, "Anatomy and Practice" (what a strange pair!), failed at length, for days at a time, to take his seat on one. The

audience began to grumble. The new ring-master remonstrated with him, it is said; but it was no go; and then they came together. And where do you think it was? Of all places in the world, before the benches! They gave it to each other up and down. Said the R. M.: "This is the poorest two-horse rider in the world. He can't straddle a mule genteelly; and he is, moreover, the best of hands at practices which no moral show can permit." Ah, then went for him in return, did the belittled equestrian; and as the R. M. had traveled out of the show record in his accusations, so did he, and he pitched into the R. M.'s—well, no matter what. As Mr. William Stallins, of Georgia memory, observed upon a similar occasion, when asked concerning some remarks he had made, "It's no use going it all over; I said enough for a fight." Only there was n't a fight here, even after all this chaff; but the ring-master had the rider arrested and put under bonds to keep the peace. Strange to say, even then they met for a while longer in the conduct of the show, and only glared at each other. But in a few days the new flip-flapper was imprudent enough to take the matter up, and the ring-master had him, too, promptly juggled. Every one knew that all this was too much for any concern to stand. So, when the lights were turned off on the last performance of the season, which took place on the 26th of June, when the old one-horse melodrama of the "Kentucky School Commencement" was performed, every body felt that this was the last time that the great Phenomenon would exhibit under one canvas and in one interest; and no one was surprised when the other day it was announced that the managers of Mr. Eng said to the proprietors of Mr. Chang that the twins must be parted, and that hereafter they would find for their part of the Phenomenon tent and sawdust and benches of their own; nor would they receive in their employ any performer still connected with the other concern to assist in showing up his still wondrous and curious qualities.

WE have received a number of a new sanitary journal, called Public Health, published in New York, and conducted by Dr. Edward J. Bermingham, the editor also of the Hospital Gazette. It appears to be a very useful and interesting periodical. Sanitary science is now upon the top wave of professional thought, and the people were never better prepared to give it consideration. Public Health is intended for the people as well as the profession. Dr. Bermingham has secured the coöperation of very many able sanitarians in the conduct of his new journal; and, with the energy he has shown in his other enterprise, he no doubt will, and ought to, make a good thing with this one.

OUR old friend Mudherring, of the Michigan Medical News, congratulates himself that no one can spell his name wrong. A communication addressed to the Medison Nuze (sent to this office by mistake) inquiring what time they expected the boys back at Ann Arbor, would seem to indicate that every one is not so happy with the name of our excellent contemporary.

"ANTENYMIC," which appeared in our "Change of Name" notice, has been objected to by our watchful contemporary, the Medical Argus. Now that we look at it, "protonymic" would perhaps have been better, and "former title" best of all. We shall wait to hear from our critical friend, the Ohio Recorder, as that is the court of final resort.

EVERY body in Louisville that was fortunate enough was delighted to see Prof. S. M. Bemiss, of New Orleans, who passed through this, his old home, on his way to the meeting of the National Board at Washington.

ALTHOUGH the twins had a common liver, it is hoped that the operation of their division will not injure their vitality.

Original.

OBSTRUCTED FEMORAL HERNIA—ASPIRATION—RECOVERY.

BY W. O. ROBERTS, M. D.

Demonstrator of Anatomy and of Surgery in University of Louisville.

On the 18th of this month I saw for Prof. Yandell (he being unable to leave the city at the time) a hernia case, which proved of more than ordinary interest to me. It was in the practice of Dr. Shaunty, of Fredericksburg, in this state. The patient—a woman of fifty, of delicate build—had a double femoral hernia of ten years' standing. The tumors when descended were ordinarily small, not larger than a partridge-egg. When down they gave her colicky pains quite severe. They were, however, easily reducible by a plan which she commonly adopted, namely, to lie upon her back and make pressure over the tumors with a warm flatiron. She wore no truss. No serious trouble had arisen from them until August 11th of this year, a week before my visit. While at work in the garden the tumors came down on either side. The right one was reduced in the ordinary manner, but the one upon the left side she failed to get back. Pain continuing and the tumor becoming enlarged, she called in Dr. Shaunty. The attempts at reduction failing, partial relief from the pain was obtained by opium. There was no vomiting or nausea. There was one action upon the day following the descent, after which the constipation was complete. There was considerable local tenderness, for which hot applications were made. By Saturday, August 16th, the tumor becoming very tense, aspiration was made with a hypodermic syringe, a small quantity of fluid being withdrawn. After this the tumor was somewhat softer, but still remained as large as a hen's egg.

I saw the case two days later. The tumor was then again very tense and tender, constipation complete, but no nausea or vomiting. The pain was paroxysmal and acute. Pulse 80 and good; temperature 100°; appetite had continued good, though patient had confined herself to a liquid diet.

We decided to put the patient under chloroform and aspirate. We used a regular aspirator. About two ounces of straw-colored fluid were withdrawn. The tumor was then apparently gone, but on deep pressure a lump the size of a marble could be felt at the saphenous opening. Nothing fur-

ther was done. When from under the chloroform, the patient being asked to feel the lump, remarked that it was as usual after former reductions. It remained tender; but the acute pain was relieved. She got a full dose of opium, and slept well through the night. The next morning the temperature and pulse were normal; tenderness remained, but not so severe, and there was no return of pain. An enema failing to produce an action, and not wishing to leave the patient, who lived fifty miles from my residence, without testing whether or not the passage-way through the bowels was clear, I gave a dose of salts. In two hours a free watery action was produced. After this the patient was put on opium. Not having heard from her since (having requested that I be notified if any thing went wrong), I judge that there was no further difficulty.

LOUISVILLE.

REPORT OF TWO CASES FROM EYE-CLINIC.

BY W. CHEATHAM, M. D.

Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville; Eye, Ear, and Throat Physician to Kentucky Infirmary for Women and Children, Masonic Widows and Orphans' Home, Baptist Orphan Asylum, etc.

TUBERCULAR CHOROIDITIS.

Mrs. C., of Spencer County, came to me ten days ago complaining of loss of vision. I found vision of right eye equal to two fifths of normal, that of left eye two sevenths of normal. Reads Jaeger No. 3 at eight inches. Ophthalmoscope shows small circular, circumscribed, pale rose-colored spots in the choroid. The instant I saw those spots I suspected they were tubercles. On questioning her she stated that she had had several pulmonary hemorrhages, and that her physician had said that she was consumptive. She had been taking cod-liver oil and malt for some months. She had lost weight very much recently, and her general condition was very bad. Von Graefe was the first to diagnose this trouble with the ophthalmoscope, although it had been demonstrated anatomically some time before. These deposits are in the stroma of the choroid. Cohnheim found, in eighteen cases of miliary tuberculosis, tubercles in the choroid of one or both eyes in every instance.

Wells, some time after the publication of Cohnheim's paper, met with a case of the kind, and submitted the preparation to the pathological society. The optic nerve and retina in the patient I saw was perfectly nor-

mal. Of course very little can be done for the disease. No special treatment to the eye was advised.

CHOLESTERINE IN THE VITREOUS.

R. A., aged fifty-two years, applied to me, August 12th, for blurring of vision. Vision of right eye I found to be one half of normal, that of left two thirds of normal. The trouble had existed for some time. The ophthalmoscope showed many bright sparkling bodies floating in the vitreous of both eyes, but many more in right than in left. Some could also be seen in or adhering to retina. The latter I have seen quite often. The vitreous generally in this condition is fluid (synchysis), and has been called sparkling synchysis, synchysis scintillans, or synchysis étincelant. It presents a beautiful appearance, and I hope to be able to show it to some of the fraternity soon. Cases of such perfection are very rare. It is said to occur after hemorrhages into the vitreous, or sometimes depends on fatty changes in the vitreous humor. Whenever the eye is moved a shower of bright sparkling crystals are seen in the field of vision, and gradually sink down to the lower part when the eye is still. Von Graefe mentions a case in which they gradually disappeared. This patient says he has had some affection of the liver for many years. General treatment only advised.

LOUISVILLE.

Correspondence.

LONDON LETTER.

My Dear News:

I hear much complaint here of the extortionate charges of druggists, or chimists as our English cousins call them, and I can testify to its correctness so far as three of them are concerned. I have bought quinia from three of them by the dram at the rate of thirty-two shillings an ounce, which is about eight dollars. They would charge no less if I got an ounce. At the Apothecaries' Association, corner of Oxford and Hollis streets, to which I was directed by medical friends, I bought an ounce for sixteen shillings. The doctors say that the druggists charge so much that often their patients have no money left for their fees, and the reason suggested for such excessive charges is that there are so many druggists that to make a support they must get enormous profits on their limited sales. As you know,

the general practitioner in England, even in the larger cities, puts up his own medicines; and it is a little singular that while there is a growing disposition with some of the profession at home to return to this ancient custom, here it is proposed to abrogate the practice. I think it not unlikely that co-operative drug-stores may be established in some of our cities before a great while. In London coöperative stores in which drugs and all the necessities and luxuries of life are sold are a great success.

The division of the profession in London strikes an American as quite odd. The consulting physicians and consulting surgeons and consulting obstetricians are the *élite* of the profession. They receive patients at their offices and go out in consultation. The obstetricians are disrespectfully called men-midwives. After these come the specialists, who are also consulting-men. They are generally disliked by the physicians or the surgeons or the obstetricians, whichever they interfere with. Barring the diseases of old people and affections of the diaphragm and umbilicus, there are specialists for every thing. Then you have the all-around men; and these gentlemen are not universally popular with their brethren, and are cordially abominated by the radical specialists. They attend to any business that comes to them in a consulting way. Their position depends on their merit. To succeed they require strong common sense and a practical knowledge of medicine in general. Many of the leading and strongest London men are of this class. For example, Erasmus Wilson, B. W. Richardson, and Jonathan Hutchinson are all-around men, and I might mention many others; and it is said that but few surgeons refuse good medical cases. When Mr. Wilson is asked by a client, "You go in for the skin especially, do you not?" he replies, "Yes, and for all that it (the skin) contains, the muscles and bones and blood and nerves and lungs and heart and uterus and all the rest." Getting into practice is here, as elsewhere, usually slow work; and while merit is probably the best means of securing a business, manners and machinations, the Sunday-school and church dodge, and the total-abstinence game, and judicious lying and stealing (lying about skill and success, and stealing other men's ideas, putting them in print) are roads to prosperity no more neglected here than in our own enterprising country—so I am told.

The English doctors, like the American doctors, have the faculty of marrying re-

markably well. Every person with ears and eyes and ideas in his head has observed how marvelously well doctors do marry. And yet there are benighted people who say women have not superior intellects. You and I know that as a sex they are not only good and wise, but also that the two whom we have the honor to obey are the best and wisest of the noble army of wives. I hope no one will understand from the above sentence that we have two apiece.

Money with our English cousins, as with us, is one of the necessities of life, and is hard to get and hard to keep. Money gives them power to perfect themselves in their profession by books and instruments and travel, and enables them to give social position and the luxuries of life to their wives and children. The social status of the English doctor is not what it should be. In the army and navy it is simply shameful, and in civil life he is considered by the aristocracy as only a sort of upper tradesman; and tradesmen, you know, in these parts, are not held in very high esteem. But the doctors are going up and the aristocracy are coming down; and the doctors, being among the brainiest of men and the most generally well-informed every where, will ere long be irresistibly felt. There is but one true aristocracy, and that is the aristocracy of letters, which is open to all avocations. To this the world is drifting.

An almost universal and a capital habit of the doctors is that of taking a holiday every year. It is generally taken in summer-time, and after a fortnight's or a month's sojourn at the seaside or by the lakes or on the mountains he returns "like a giant refreshed with wine" to his work. Thus many valuable lives are saved that would otherwise be sacrificed by protracted and uninterrupted strain.

A few days ago I had a pleasant visit with Mr. Henry Lee to Dr. Henry Bennett at his villa near Weybridge, where he spends his summers. His winters are spent at Mentone, you know. After building up a large practice and a great name in obstetrics, overwork brought on phthisis. For two years he had to leave off practice entirely. Travel, fresh air, cod-liver oil, etc., eventually cured him, and now, by spending his summers in England and his winters in Mentone, he keeps well and at the same time does a most lucrative business. In a paper he is to read to the British Medical Association he will take the ground that climate is not essential to the cure of phthisis, but that it may be cured in England as well as elsewhere un-

der proper treatment and under favorable circumstances. At his table I met a gentleman, formerly on the *Lancet*, whom Dr. Bennett pronounced hopelessly ill with phthisis twelve years ago, but who, by rest and care and treatment, is now a strong, active, and useful citizen. Lately a famous London surgeon died from dementia brought on by overwork. Having met with heavy losses by a bank failure, he endeavored by excessive labor to restore his fortunes. Dyspepsia, insomnia, melancholia, came on, and after much mental suffering he stepped out of his third-story window and ended all.

Large bequests by grateful patients to their physicians are not very uncommon here, and a few days ago I dined with a doctor who some years since had fifty thousand pounds left him. Think of it!

Dr. Bennett has an interesting and practical article in a late number of the *British Medical Journal* on plugging the mouth of the uterus with cotton for hemorrhage. He always adopts this practice in uterine hemorrhage, and with perfect success. The procedure is new to me, though Dr. Bennett says he mentions it in his work on obstetrics.

Dr. B. W. Richardson's particular fondness in surgery is removing diseased breasts, and he has a large practice in this line. He does the operation with serrated scissors, having frozen the parts with ether spray. He uses no water on the wound, wires it together, covers it with styptic colloid, bandages the arm down to insure rest, puts his patient on her feet, never to bed, lets her ride and walk as much as she chooses and eat what she pleases. In eight or ten days he removes the dressing, and generally finds the wound healed; and his success, he says, is almost invariable. This is common-sense treatment—nature treatment. Dr. Richardson holds the germ theory to be all bosh and nonsense, and carbolic acid he considers a bad-smelling sham.

Speaking of Dr. Richardson reminds me of sphygmophones and sphygmographs, etc., and of a story I heard the other day. An old lady's desire for knowledge prompted her to investigate the wonders of the phonograph. Having complied with the operator's request to speak into the instrument, she did so, and when, after some moments, the curious machine returned in distinct tones her lately-spoken words, she exclaimed in disgust, "La! I don't think that is any thing so awfully remarkable; why, the thing only repeats what I said!"

After a very extended intercourse with the profession here, I am inclined to believe that a majority of the strong men consider alcohol harmful as a beverage, and a very large number are very doubtful of its efficacy in disease. Such are my own views of alcohol.

One of England's most successful and famous etchers is a large general practitioner, Dr. Gibson. Sir Henry Thompson, the great surgeon, is a painter of no mean order, and is devoted to the art. At Mr. Spencer Wells's, the world's greatest ovariologist, I saw a bust of him made by Liebricht, the famous German medical philosopher, that is a work of high art. Every doctor should paint, or sculpture, or etch, or geologize, or botanize, or hunt, or fish. Such recreations do brain laborers vast good.

Summer-time has come at last, though the thermometer doesn't go above 70°. With the increased heat the mortality rates go up.

London, except on its principal streets, looks really deserted. Every body who can do so has gone away for a summer's holiday.

L. P. VANDELL.

SAVILE CLUB, LONDON, Aug. 3, 1879.

To the Editors of the Louisville Medical News:

There is a location for sale in a good country, also full equipments for the practice of medicine. Good reasons for selling will be given. Address, for further information,

A. H. TAYLOR,
Care of Nahm Bros., Bowling Green, Ky.

Consultations.

Duo capita quam unum meliora.—CELSUS.

6. What is the minimum duration of time required for the thermometer, in ordinary practice, to reach its maximum point? Which is the better situation—mouth or axilla—for taking the temperature? Answer in NEWS, and oblige J. J. C., M. D.

HIGH GROVE, KY.

Absolute accuracy of observation is unattainable, and is unnecessary for the purposes of medical thermometry. So says Wunderlich. There is no single method, he also says, which is equally good and appropriate in every case. In ordinary cases errors which do not exceed a ninth of degree are unimportant. To clear up a difficult

diagnosis or doubtful prognosis, or to regulate the working of therapeutic agencies, greater accuracy is required.

Select one or another spot at pleasure. A well-closed axilla is the best and most convenient in the great majority of cases. The temperature here is a trifle lower than in mouth or anus. The temperature of the inside of the mouth is uncertain because of the cool air breathed, and in collapse especially it is uncertain. Taking the temperature in the rectum is repulsive, and can rarely be repeated sufficiently often, may provoke the action of the bowels, and should the thermometer be forced into a mass of feces a false register would be given; yet the mercury registers the maximum temperature more quickly here than elsewhere, and this method may be advantageously employed in infants, small children, emaciated people, and in collapse.

If the axilla be selected, wipe the parts dry. Bring the mercury in the thermometer to 85° or 90° by holding in the hand. See that it is in contact with the skin all around. Press the arm closely to the side. Watch the instrument occasionally to see that it remains in situ. Many thermometers under these conditions will register their maximum in three minutes, but for prudence' sake they should be allowed to remain five. Wunderlich, it may be remarked, extraordinarily requires ten to twenty minutes for absolute accuracy. Much improvement must have been made in instruments since his time.

You can test very easily the capacity of your instrument on your own person.

7. What is the usual adult dose, for internal administration, of sulpho-carbonate of soda.

J. H. W., M. D.

VAN BUREN, ARK.

Twenty to thirty grains.

Books and Pamphlets.

GRITTI'S SUPRA-CONDYLOID AMPUTATION OF THE THIGH. By Robert J. Weir, M. D., Surgeon to New York and Roosevelt Hospitals. Read before the State Medical Society of New York, Syracuse. 1879.

UREA AND PHOSPHORIC ACID IN THE URINE IN ANEMIA. By Theodore Deecke. Reprint from the American Journal of Insanity. 1879.

METHOD FOR PERFORMING POST-MORTEM EXAMINATIONS. North Carolina Board of Health, Raleigh, N. C. July, 1879.

The Louisville Medical News.

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Miscellany.

IDIOCY IN FRACTURE PRACTICE.—Why a broken bone should so often upset the reason of the doctor does not appear; nevertheless it is true that fractures develop more imbecility than surgery combined. Dr. M. Schuppert relates the following in the New Orleans Journal of Medicine:

A healthy, robust man, thirty-six years of age, a cooper by occupation, met with the accident by falling from his cart, by which he fractured his right thigh-bone midway of the shaft; but the greater misfortune which befell the man consisted in falling into the hands of a careless and ignorant physician. Being in bed tightly bandaged, the man suffered excruciating pain, as he stated, caused by a part of the bandage; still the doctor had refused to remove it. Another physician was therefore called in, who by a misapplied professional etiquette, though aware of the real condition of things, refused to touch the bandage except a surgeon was called in consultation. When I arrived, several hours later, this medical Fabius had just returned and told me what had happened. Having cut the rope forthwith to relieve the poor sufferer, I became horror-stricken by what I saw. With one piece of rope the foot had been tied to the lower part of the bedstead, while another piece of rope, which served for counter-extension, was carried between the legs and fastened to the head-piece of the bed. The force which had been made use of to cause extension might best be learned from the fact that the upper rope had cut into the tissues so deep that I could nearly bury my fist in the hole it made. If the rope had not been hemmed in by the bone,

it might probably have cut the man in two. The abdominal cavity had been laid open by it. All care taken did not save the poor sufferer's life. He died on his wound becoming gangrenous, a few days later. An intelligent jury appointed by the coroner, a practicing physician of this city, gave the unanimous verdict that the man had died from a wound caused by malpractice. The inconsolable widow was too poor to afford paying the expense of a criminal prosecution, and so the malefactor escaped a deserved punishment.

THE DIPHTHERITIC POISON.—A singular instance of the vitality of the poison of diphtheria is reported in the *Vratschebnyia Vedomosti*. A gentleman in the south of Russia had four years ago lost a boy from diphtheria. A family vault having recently been constructed, the coffin of the boy was transferred thither. Before it was lowered down into the vault the father wished to look at the body, having entertained a suspicion that the child had been buried alive. An opening was accordingly made in the lid of the coffin, the whole family, including the five children, looking on. The next day all the children were ill with diphtheria, and one of them has since died.—*Hosp. Gaz.*

Selections.

MANAGEMENT OF THE SICK.

Just before the close of the war Prof. F. Peyre Porcher, of Charleston, by direction of the Surgeon-general of the Confederate States, prepared a paper entitled "Suggestions made to the Medical Department: Modifications of Treatment required in the Management of the Confederate Soldier," etc. This was subsequently published in an Augusta medical journal, copies of which are now difficult to obtain. It is an admirable treatise by one of the first medical scholars and soundest practitioners of the South; and although originally intended for military surgeons, its lessons are no less sound in civil practice. We wish that our space would allow its entire reproduction. As it will not, however, we must content ourselves with the following extracts:

The Uses of Medicines.—*Medicines* are not the only agents that are successfully used in the cure of the sick. Many things besides, a knowledge of which is obtained by observation, reading, or experience, under the control of common sense, are also absolutely necessary to their recovery. The seeing to the proper observance of other general and particular directions are equally as essential as the administration of drugs at stated times. The surgeon or assistant surgeon who merely visits his wards, examines his patients, prescribes *secundum artem*, orders the routine administration, and dismisses the patient

and attendant until the usual hour for a repetition of his visit, has only acted the part of a formalist, and he can not be successful. In the case of those critically ill, there are a great many directions respecting the proper administration of food and stimulants, the maintenance of warmth, avoidance of exposure, improper getting up, etc.—all involved in the comprehensive word *management*—that are of first importance, and need to be pressed most forcibly upon the attention of nurses and wardmasters. These are even more strongly the duty of the surgeon, because they are likely to receive little regard from subordinates whose duty it is to carry them out, but who naturally pay little attention to them in comparison (to their minds) to the vastly more important consideration of duly administering the medicinal agents. However wardmasters may look to them as supreme and the only effective weapons, the sick can not get well upon *medicines* only. Medicines, in my opinion, form the least important point in the treatment of our soldiers. They do not cure. They are essential in the cure, for they tend to restore the diseased organs to a condition of health through their perturbative influence in modifying secretions, acting upon glands, producing catharsis, diuresis, diaphoresis, lessening pain and irritability, checking secretions, etc., thus removing materies morbi, urates, phosphates, dropsical accumulations, serum, and other effete substances, the products of digestion, of metamorphosis of tissues, of destruction of proteine compounds, combustion during fever, inflammation, etc.

The Therapeutics of Food.—But after all *food* is the principal agent which assists in the cure, and its administration in proper quantity and quality is of prime and absolute importance, in comparison with which all other means sink into insignificance. If this is a truism, it has been singularly slighted in our army, and the effects have been disastrous. Recovery in the great majority of cases is brought about through the instrumentality of the digestive organs, by the restoration of the activity of the absorbents, of the venous radicles of the gastric and mesenteric veins and chyle-ducts, the proper sucking up in the digestive track of the "raw material of the blood," which must at all hazards be supplied, and which alone is gifted with the power to restore wasted muscle, blood, brain, nerve substance, adipose tissue—which, in a word, brings the patient back to a state of health. The great object of all our therapeutical efforts in the large proportion of cases occurring among soldiers is to restore the diseased organs, particularly the intestinal canal and its appendages, to that condition of integrity by which they can absorb and assimilate *food*, recuperate the exhausted and impoverished system, and repair the waste produced during the course of the disease. Even in purely surgical cases the sufferer must ultimately depend solely upon the sustenance afforded by the same set of organs to rehabilitate his frame, and it is through the instrumentality of nourishment alone that the drain produced by excessive suppuration is neutralized. I do not magnify therefore the necessity of maintaining them intact and of supplying the pabulum required. . . .

Individuals differ, and varying degrees of robustness, constitutional vigor, stamina, etc., are found to remain in those coming under the care of the military surgeon; but even in cases apparently most favorable for the use of a depletive, perturbative, or antiphlogistic course, there should be a reticence with respect to the employment of active medicines. By

an almost absolute rule the mildest and least irritating should be selected and used in the smallest quantities; they should be diminished or discontinued as soon as possible, and they should be combined or neutralized by those agents—dietetic, medicinal, or regimenal—which support and give tone to the system. Throughout the treatment of almost every case, nourishment, however small in quantity, should be introduced at appropriate intervals. Even in controlling by medicines, whatever amount of inflammation there may be present, we must constantly seek to strike that nice balance, that delicate boundary line which marks how far we can go and no farther. Here the judgment of the experienced and enlightened physician is capable of its finest displays and is exercised with the best results. Let the surgeon be prone to employ external means as substitutes for internal, to avoid all weakening, depletive treatment, all irritating cathartics; in cases of fever let him use cold affusions assiduously, mild, cooling, catalytic agents, renal depuratives, salts of potash, chlorate of potash, neutral mixtures, milk, eggs, beef tea, brandy, milk punch, etc. Vegetable astringents, turpentine, etc., guarded by opium and demulcents, may also be required. Neither must he depend solely upon stimulants, and attempt at the last moment to save life by them.

In treating ninety-nine out of every hundred the great object of the surgeon should be to follow Chomel's golden maxim and do him no harm. He must strive to administer the remedial agents that appear to be and are necessary in barely sufficient quantities to diminish the existing disease without impairing the integrity of the digestive and assimilatory functions, through the instrumentality of which alone he knows (if he thinks at all) that he must depend for the subsequent restoration of the patient.

Excessive Medication.—All excessive medication, drastic purgatives, compound cathartic pills, calomel in large doses or long continued, should, as a general rule, be particularly avoided. Perseverance in medication, save that of the mildest character, should be eschewed. Even the pure *médicine expectante* system, which has been wittily styled a "meditation on death," is better than the old heroic one in a very large majority of cases, marked as they are by the debility which I have described as the prominent characteristic. Having devoted many years to studying and teaching therapeutics, the writer is far from uniting with the *nil admirari* school; he does not agree with either Forbes, Holmes, or Bigelow, or with those who consider it a mark of superiority to deride all medical treatment as nugatory or mere guess-work. He firmly believes in the great value and essential importance of judicious and correct medication, and is of the opinion that Mialhe, Trousseau, Headland, Billings, Wood, and Stillé may be consulted with profit both by students and practitioners of medicine. To hold the doctrine professed by some, but only in theory, that medicines are not beneficial, or that they do not either cure or aid in the cure, is idle and not worthy of discussion, particularly before those who continue to order them so freely. Every case is susceptible of good or bad management, and there is a vast difference between the two.

I repeat that though medicines are essential and necessary, still they are not the only things necessary. In using them, especially upon such subjects as those with whom we are at present concerned, the doses should be far less in quantity than are, I fear, usually

prescribed, nor should they be had recourse to so continually.

How to Give Calomel.—In giving calomel, for example, in alterative doses, one sixth, one fourth, or one half a grain, with one sixth, one fourth, or one half of ipecacuanha, Dover's powder, or opium, three or four times a day, is amply sufficient for all purposes. The surgeon has to be particularly careful how he saturates such systems with mercury, or prolongs its use even in the minute quantities which the writer has found abundantly sufficient. The surgeon-general of the U. S. Army probably did much more good than harm when he entirely prohibited the use of calomel.

Dr. Law's statement that one grain of calomel in twenty-four powders, given at sufficient intervals, will produce as full or a greater effect than a larger quantity not so minutely divided, and frequently administered, is important, as it affords a practical deduction. For, as Mialhe describes its action (*Chimie appliquée à la Physiologie et à la Thérapeutique*), it is through the instrumentality of the alkaline chlorides that mercury gains admission into the system, and only a proportionate amount is in a given period dissolved and absorbed. This change is for the most part effected in the liver.

Besides the great tendency to gastric irritability in many soldiers, the previous existence of chronic irritation of the stomach and gastro-intestinal mucous membrane renders an attention to this point respecting the quantity used especially important, as it allows the surgeon the earlier to retrieve the disastrous effects which so frequently follow large doses of the drug.

My hospital experience alone of ten years has convinced me that, however valuable, essential indeed, the occasional use of mercury may be, particularly when guarded by small quantities of opium or Dover's powders, with the simultaneous administration of alcoholic stimulants, yet when prolonged, even in small doses, it is to the mercury we may justly ascribe the diarrhea and wasting discharges which very often carry off the patient. The persistent use of calomel is very frequently the direct and only cause of the irritation of the mucous membranes marked by the "running off" at the bowels. The insidious and fatal colliquative diarrheas supervening in pneumonias, fevers, etc., are often the sole work of the inordinate and prolonged druggings. They are never beneficial; they diminish rather than promote the activity of the absorbents, cause the surgeon to lose time in the effort to arrest the discharges, and give rise to the worst inconveniences, even where they fail to turn the scale in the wrong direction.

I am not indulging in special pleading, or in the slightest degree pushing the advice to the extreme, when I unite my voice with others in urging the whole corps of army surgeons who have not done so to test the use of mercury in doses of one sixth to one half a grain. Let the latter be the maximum amount when used for its alterative effect, as in cases of peritonitis, pleuritis, iritis, hepatization in pneumonia, and other similar conditions. Two grains is far too large a quantity to be repeated every two or three hours for days, as it is not only injurious, but useless. The minimum doses when carried to excess can be recovered from more readily by being sooner eliminated from the system through the aid of laxatives, the oxygen-bearing bodies, chlorate of potash, or other catalytic agents. I doubt extremely whether calomel in ten-grain doses is ever borne by the Confederate soldier. Its repetition in this quantity is scarcely

ever admissible, unless in an occasional case of obstinate engorgement of the liver or violent constipation occurring in a robust subject.

Let the idea be forever exploded, especially in our military hospitals and infirmaries, peopled as they are, that each sick man is of necessity to have one or two "bilious" evacuations every day, or he must be dosed until he does. Such rules are bad enough even in the rural districts and among highly-nourished civilians. The ordering calomel indiscriminately and upon every occasion for its supposed general applicability is simply atrocious.

If ptyalism is ever advisable—and it sometimes can not be avoided—let it be only the very slightest mercurial effect, and not carried so far as to produce salivation. They remind one of the comparison instituted by the Jewish women between Saul and David: the execution of each is great enough, though one may have only slain its thousands.

The Use of Mercury in Malarial Fevers.—From my experience in the Marine Hospital, where a large number of the worst forms of malarial fever were treated, with a very large proportion of recoveries (see report in detail, *Charleston Medical Journal*), I ascertained that, with the exception of an occasional dose, mercury could be dispensed with. A few grains were given at the inception of some cases, and occasionally, in combination with a little Dover's powder, was administered at night to others in whom there was not much prostration. Few or none of the cases of bilious remittent fever, even of the severest grade, require more than ten grains during the whole course of the attack.

There is no objection to using two grains of calomel with two or three of Dover's powders occasionally, in cases of typhoid fever or typhoid pneumonia with dry tongue; and it has an excellent effect when given simultaneously with brandy or turpentine, one or both, and chlorate-of-potash water as a drink. These, with nourishment and revulsives (and cupping and poultices, if the case demands them), are pretty much all that is required where we conclude not to treat the diseases with *veratrum viride*. By giving mercury thus, in combination with Dover's powders at distant intervals when necessary, we avoid its injurious effects. The stimulant will be found still farther to neutralize and counteract any ill effects of the medicine, besides being itself specially serviceable in improving digestion and preventing depression of the nervous centers. This employment of stimulants simultaneously with mercury I have found an important point in practice. I have also seen excellent results recently from a combination of Dover's powders, three or four grains with three of antimonial powders and one half of calomel, as an alterative, expectorant, and diaphoretic in pneumonia and to prevent the approach of hepatization of the lungs.

General Principles in Medicine.—I have established several rules which in my opinion may be regarded as general principles in medicine, which I will state before passing to other matters.

1. The natural tendency of disease (not organic or with organic changes of organs) is to recovery in all fair cases when judiciously treated, not improperly interfered with, and suitably nourished and supplied, the hygienic conditions being also favorable. Bad treatment, with defective management, will destroy even these.

2. When the tongue continues dry, alcoholic stimulants can and must be used repeatedly and freely till it becomes moist, because it indicates want of gland-

ular and secretory action, caused by depression of the nervous centers. The quick pulse is simply owing to the altered condition of the blood, to the defective innervation, and to effete materials, and stimulants are not contra-indicated. To administer purgatives or mercury merely because the tongue continues furred, is ruinous.

3. At the inception, or even in advance of delirium, apply blisters to the back of the neck and upper portion of the spinal column. The stimulants may also be continued.

4. Alkalies are serviceable in the inceptive and early stages of disease; acids after the inflammatory symptoms are subdued and the climax is passed, or during the decline of the disease following the protracted use of depletive and active medicines. Acids with tonics are universally applicable when the stage of excitement has been subdued by active medication, and there is relaxation, weakness, and prostration, and excessive drain from any cause.

5. Constipation and arrest of glandular action usher in all fevers, save possibly typhoid.

6. Remittent fevers are malarial fevers plus gastro-entero irritation. Gastric remittents of children are distinct from malarial remittents. (See "Prize Essay.")

I would also inculcate upon the junior members of the profession, as the result of my own experience repeatedly acquired from experiments made with a view to testing the question of its safety, that when pushing any course of treatment, but particularly one whose possible tendency is to produce irritation and diarrhea, it is best to check the treatment, or to desist from it, even before its full beneficial results appear to ensue. Let them invariably err on the side of abstinence, and thus give nature time to operate her own most excelling handiwork. They will seldom, if ever, regret the "hands-off" system.

It has often happened to the writer, while carrying out a cautious, non-perturbative course of treatment, as above indicated, to question the policy of prolonging it; to fear that the diseased condition, a hepatization of the lung for example, would be reestablished, or an inflammation be relighted for want of more active measures. I have always found that a favorable result followed the cessation of treatment at the earliest possible moment—earlier than many would have supposed judicious—particularly when aided by external revulsives, demulcents, salines, sponging with cold water, etc.

ON THE CAUSES OF PUS IN THE URINE, AND ON THEIR DIFFERENTIAL CHARACTERS.

A Clinical Lecture delivered on March 21, 1879, being the last delivered by the late Charles Murchison, M.D., LL.D., F.R.S., Physician to and Special Lecturer on Clinical Medicine at St. Thomas's Hospital, London:

The characters of the pus found in the urine are different in different cases. Sometimes, soon after micturition, when seen in a test-glass, the urine is in its upper part quite clear, while the pus which has deposited appears as a more or less creamy layer at the bottom. At other times, notwithstanding the urine has been passed for some little time, it is every where alike turbid with pus, which remains permanently diffused. The first urine is acid, and contains ordinary pus; the second is alkaline, more or less viscid and gelatinous, and contains altered pus.

Three tests are used to determine the presence or

absence of pus in the urine: the heat and nitric acid, the liquor potassæ, and the microscope tests. The first, the ordinary test for albumen, produces in the first or acid urine a greater or less opacity in the clear portion, and a much more marked one in the creamy layer. A deposit of pus is at the same time distinguished from one of pale lithates, both of which appear alike to the naked eye, since the latter would be cleared up by this test. If the second or alkaline urine be heated, it becomes a little more opaque (phosphates being precipitated), when, if nitric acid be added, it becomes again a little clearer (the phosphates being again dissolved); so that the two leave its turbidity much as it was before, the pus remaining unaltered. If liquor potassæ be added to the acid urine, the pus becomes viscid and gelatinous, "ropy." If the precipitate be phosphates instead of pus, this change does not take place. In the alkaline urine this change has already been effected. With the microscope, which gives the best evidence, if pus be present, pus-corpuscles are seen, identical in appearance with white blood-corpuscles. How, then, can they be distinguished? you ask. They can not be; they are, in fact, only white blood-corpuscles in the wrong place. If treated with a drop or two of acetic acid, the granular contents in each disappears, and in its place a nucleus, often three-lobed, is seen.

The pus in pyuria comes from five sources: I. The female genital organs; II. The urethra; III. The bladder; IV. The kidneys and ureters; V. Abscesses which burst into the genito-urinary channels.

I. If the pus be from the female genital organs, it is due to one or more of the principal causes: A. Acute and chronic vaginitis (vaginal leucorrhea); B. Uterine leucorrhea; C. Ulceration of the cervix uteri; D. Cancer of the uterus; E. Lochial discharge; F. An abscess, as one due to pelvic cellulitis, bursting into the genital organs. These are distinguished from other causes by: 1. The clinical history and the symptoms of one or more of these affections; 2. The microscopical examination of the urine, in which may be found pavement-epithelium from the vagina, cylindrical epithelium from the uterus, or cancer structure; 3. A purulent discharge independent of micturition; 4. The absence of pus from the urine when drawn off directly from the bladder by a catheter.

II. If the pus be from the urethra, having special reference to the male, most of it comes away just before the urine in micturition. It is also discharged in the intervals between the micturitions, and the urine is usually acid. The causes are: A. Gonorrhea; B. An abscess of the prostate; C. An abscess of Cowper's glands or of the perineum, opening into the urethra.

A. *Gonorrhea* is distinguished by: 1. Great pain and burning in the urethra during micturition; 2. Redness, swelling, itching, and burning at the meatus; 3. The appearance of pus at the meatus when the glans penis is gently pressed between the thumb and fingers.

B. *An abscess of the prostate* is distinguished by: 1. Pain which is present not so much during as just at the termination of micturition; 2. A swelling and tenderness of the prostate which is discoverable by rectal examination; 3. The condition of the prostate, which enables the physician by squeezing it to force pus and microscopic calculi along the urethra and out at the meatus. According to Sir Henry Thompson, an abscess of the prostate may give rise to inflammation extending back into the neck of the bladder, accompanied by symptoms resembling those of stone; such as great frequency of micturition, pain

following micturition and referred to near the lower end of the penis, a little blood occasionally with the last drops of urine, an alkaline reaction of the urine which is turbid with altered pus, an exaggeration of all these symptoms when the patient is exercising or moving about. Such a condition is distinguished from stone by (a) the absence of any history of the descent of a calculus; (b) more or less discharge from the urethra during the intervals between micturitions, but perhaps appearing only upon squeezing the glans penis or urethra; (c) often a history of gonorrhea; (d) swelling and tenderness of the prostate; (e) the absence of a stone in the bladder, determined by the sound.

C. *An abscess in Cowper's glands or the perineum* is detected by local examination.

III. If the pus be from the bladder, most of it comes away at the end of micturition. It is altered, viscid, and like "ropy mucus," due to the alkaline condition of the urine. The urine is usually more or less ammoniacal, fetid, and deposits crystals of triple phosphates. There is more or less pain in the region of the bladder over the pubic bones, which is increased according to the disease present, sometimes before and sometimes after micturition, and which is often accompanied with tenderness in the same region, especially when the bladder is full of urine; and there is increased frequency of micturition. The causes are: A. Cystitis; B. Calculus; C. New growth.

A. *Simple cystitis*, independent of calculus or new growth, is distinguished by: 1. Pain, which is severest just before micturition, when the bladder is full, and which is relieved by emptying the bladder; 2. Hematuria only in rare cases, excepting when the disease is unusually acute or the result of an injury; 3. The symptoms of the primary trouble of which cystitis is really only a symptom; such as (a) the retention of urine by a stricture, an enlarged prostate, by a stone in old people, by fevers paralyzing the muscular coats of the bladder, or by paraplegia; (b) gonorrhea extending backward to the bladder; (c) poisoning by cantharides, or by morbid states of the blood, as occurs in gout (gout being the cause of most "idiopathic cases"); 4. The absence of symptoms specially characteristic of stone or new growth.

B. *Calculus* is distinguished by the symptoms of the accompanying cystitis, and by: 1. Pain, which is severest at the end of micturition and for some time after (because then for a time, when the bladder is empty, the stone comes in contact with the sensitive mucous lining), and which is more distressing than the pain in simple cystitis, and referred to the glans penis about one inch from the meatus; 2. Hematuria very commonly in small quantity, so small often as only to be detected by the microscope, which is increased by violent exercise; 3. Increased frequency of micturition, which is more noticeable during the day when the patient is moving about than it is during the night (the reverse being true in prostatic stricture); 4. Sometimes a sudden stoppage in micturition due to the stone acting as a ball-valve in the bladder-opening of the urethra; 5. In a great number of cases a previous history of nephritic colic, a severe pain shooting from one kidney down to the testicle or penis, retraction of the testicle attended with rigors and vomiting, nausea, pallor, a quick and feeble pulse, intermittent pyrexia, and sometimes swelling of the testicle, all suddenly ceasing after the passage of the stone into the bladder; 6. The passage of a stone, red sand, or gravel in the urine; 7. The presence of a stone determined by a sound.

C. *New growths* originating in the bladder or penetrating it from without, either exciting secondary cystitis or ulcerating, are distinguished by: 1. Paroxysms of severe lancinating pain quite independent of micturition (in villous disease, however, there need be no pain if the urethra be not blocked by a blood-clot); 2. Hematuria, irrespective of exercise, which is irregular, coming on at long intervals, or being very persistent, and is sometimes very copious, especially in villous disease, in which it is dangerously so; 3. The presence in the pus of epithelial cancer-cells, or, in villous disease, villous processes; 4. Cachexia and emaciation; 5. The absence of stricture, prostatic disease, and other causes of retention; 6. Possibly a hard, irregular, tender tumor, which can be felt by the rectum or vagina; 7. Possibly enlarged glands in the groin, or the evidence of new growths in distant parts of the body; 8. In the absence of an appreciable tumor, and the presence of symptoms resembling those of stone, the evidence furnished by the sound, which may detect a thickening of the bladder-wall, but not the presence of a stone.

IV. If the pus be from the kidneys or the ureters, it is at first uniformly mixed with the urine, but after a little settles as a creamy layer, leaving the urine above clear. The urine is acid, as a rule, but may become alkaline by standing too long after micturition, or be alkaline from the first if pus comes from the bladder as well as from the ureter, and, when alkaline, is turbid with altered pus, which does not settle. There is pain and tenderness over the kidney and about the crest of the ilium, which extends down to the bladder and penis (pain alone over the kidney may be a symptom of bladder-disease only, but tenderness there is very significant). A tumor in the kidney region may be sometimes detected, and should in all cases be looked for. Increased frequency of micturition may be present, but without pain in the bladder either before or after micturition. The causes are: A. Certain rare cases of acute nephritis; B. Calculus pyelitis; C. Tubercular pyelitis; D. Pyelitis from obstruction of the urinary passages.

A. *Certain rare cases of acute nephritis.* These are such as sometimes supervene in cases of carbuncle, boils, erysipelas, acute fevers, parturition, or pyemia, and also occur in rare instances in which gonorrhea spreads upward as acute pyelitis as well as acute nephritis, and are recognized by: 1. The slight quantity of pus; 2. The degenerate products of nephritis, such as epithelial pus or hyaline casts, etc.; 3. The previous history of smokiness or other evidence in the urine of the existence of acute nephritis; 4. A quantity of albumen much too great to be accounted for by the amount of liquor puris; 5. General dropsy not uncommonly; 6. Uremic symptoms possibly, such as headache, retching, drowsiness, coma, or convulsions; 7. The absence of any tumor to be detected externally; 8. A dry skin; 9. The previous history of one of the above causes.

B. *Calculous pyelitis* is distinguished by: 1. A previous history, though not always, of nephralgia, a pain extending from the kidney to the testicle, penis, vagina, or thigh, attended with rigors, nausea, vomiting, frequent micturition, hematuria, retraction or swelling of the testicle, pallor, a quick and feeble pulse, and some fever, perhaps; 2. Pain and tenderness, or simply a burning or aching, not necessarily in all cases, however, more or less constant in the region of one kidney or both, which is increased by much exercise and fatigue, or may be present only

during fatigue; 3. Hematuria, especially when the calculus is composed of oxalate of calcium, and in any other case after violent exercise, while microscopic blood is usually present at other times; 4. A variation in the quantity of pus from day to day; 5. The absence of casts; 6. Crystals of uric acid, or not uncommonly of oxalate of calcium; 7. A tumor in certain cases, not in all, more or less painful, in the kidney region, which enlarges when the quantity of pus in the urine diminishes, and becomes smaller or disappears when the quantity suddenly increases; 8. Attacks of intermitting pyrexia, occasionally ushered in by rigors, and followed by profuse sweating, which are most severe when the tumor is largest; 9. Absence of dropsy and other signs of acute nephritis, though the patient may ultimately die of uremia due to the wasting of the secreting tissue of the kidney; 10. Its duration, which may be a fair lifetime (one case lasted forty years), or may end favorably by the stone passing into the bladder or becoming encysted.

C. *Tubercular pyelitis* is distinguished by: 1. The absence of any history of renal colic; 2. A constant, dull pain in the back, over one kidney or both, with exacerbations when the ureter becomes blocked, and which is accompanied with tenderness over only one kidney in nine cases out of ten; 3. Hematuria not uncommonly, which is slight, and may be the earliest symptom, and then disappear; 4. The unvarying or steadily-increasing quantity of pus in the urine; 5. The absence of casts from the urine and the presence often of amorphous granular matter insoluble in acetic acid, of particles of caseous matter, or fibers of connective or elastic tissue; 6. The absence of crystals; 7. The formation, if the ureter be blocked, of a tumor, which may point externally or even stretch across the middle line (out of sixteen cases a tumor formed in seven); 8. Persistent pyrexia, usually intermittent and hectic, with night-sweats; 9. As a rule, persistent and rapid emaciation, but the patient may even gain flesh under treatment; 10. Signs of tubercle in the lungs, bowels, testes, prostate, vertebræ, or elsewhere; 11. The fact that it occurs more frequently in males than in females; 12. The absence of dropsy and any tendency to uremia, the patient dying from exhaustion; 13. The rapid progress of the disease, which rarely lasts two years.

D. *Pyelitis from obstruction of the ordinary passages* is distinguished by: 1. The history and symptoms of a primary obstructive disease, as cancer of the uterus, stricture, enlarged prostate, hydatids in the pelvis, etc.; 2. Constant aching pain and tenderness in the back, over one kidney or both; 3. Copious urine of low specific gravity, with little urea or albumen; 4. A varying quantity of pus in the urine, possibly with casts, consisting of pus-cells from small abscesses in the substance of the kidney, or with an alkaline reaction due to the concurrent cystitis; 5. Very commonly paroxysms of intermittent pyrexia; 6. The great tendency to headache and uremic symptoms.

V. If the pus be from an abscess bursting into the urinary passages, its places of origin may be very various, some of them being: A. In rare cases, empyema; B. A topical abscess of the liver; C. A psoas abscess; D. A prostatic abscess; E. Pelvic cellulitis after or independent of parturition. The urine is usually acid, and the pus falls as a creamy layer. Further, the diagnosis depends upon (1) the clinical history previous to the pyuria, and (2) the concomitant symptoms and signs of the primary disease.—*Medical Record.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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No. 9.

B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE appointment of Dr. Wm. H. Galt by the National Board of Health as Sanitary Inspector for this locality gives immense satisfaction. Whatever criticisms may have been launched at the Board elsewhere, we may be certain that in Kentucky its representative will do every thing for its popularity. Dr. Galt has an exceedingly important work to perform. We have all along declared that Louisville is the most valuable point in all the Union for the study of yellow fever, simply from the fact that the number of cases which occurred here during the prevalence of the epidemic last year were sufficient to illustrate the phases of the disease, and not so numerous as to confound their individuality. It is of the most absolute importance, as we think, to humanity and science that trustworthy data of the outbreak of 1878 in Louisville be carefully collated; and to effect this it must be done while the matter is fresh in the minds of witnesses. Prof. Holland, of the Kentucky State Board, has already entered this important field, and we are glad to know that he will find such important aid from the representative of the National Board. The immediate work of the new Sanitary Inspector will be to endeavor to bring the state, municipal, and national boards in harmony of action. The utmost cordiality exists between the members of the several organizations, and we have no doubt that they will soon reduce to unison any differences which may have arisen heretofore in their independent action.

Vol. VIII.—No. 9

THE paper presented by Prof. Holland in this week's issue of the NEWS, on the Water-supply of Louisville, will be found an unusually clear and satisfactory exposition of one of the most important of sanitary questions. It may be of small importance to the world at large, perhaps, of what quality is the water which the inhabitants of Louisville consume; but when it is remembered that what is true for Louisville must also be true for the many thousands who live along the great water-courses, especially the Ohio and Mississippi, then the question is one for wide consideration. There is just one point to be considered in this connection on which Professor Holland has not as yet fully touched, and it is this: In spite of the turbid stream which the Louisville Water Company turns on the inhabitants of the town, loaded with mud and swarming with bacteria, the health of the city is remarkable even in comparison with the most healthful communities. Therefore must it be pondered how much do bacteria and mud contribute to disease.

It would appear that the backbone of the fever were broken so far as the country at large is concerned. Here we are at the next to the last day of summer, and there has been no spread of the disease worth mentioning beyond the original points involved. Even in those places the death-rate has been very small. Two hundred would probably cover the list at Memphis. Last year the appearance of frost was unusually delayed throughout the South and West. We may well hope for its much earlier coming this year, and with it another long respite from the fever.

Original.

THE WATER-SUPPLY OF LOUISVILLE—A
HYGIENIC INVESTIGATION.

BY J. W. HOLLAND, M. D.
Member of Kentucky State Board of Health.

In the course of a special inquiry to which this subject was incidental I discovered certain facts of a nature so surprising and of such general concern as to deserve immediate official notice. In order to answer the question, Is the water-supply of Louisville pure and wholesome? samples were examined from different sources. The well at the northwest corner of Eleventh Street and Maple having been under suspicion, was selected, and for comparison analysis was made of the very palatable water of a private well of about the same depth half a mile away and secure from sewage contamination. The water of the Ohio, as served to the citizens of Louisville by the Louisville Water Company, and made muddy and suspicious by recent rains, was also subjected to analysis.

The tabular statement given below is in every case the mean of several observations. The river-water taken from faucets in different parts of the city gave a uniform result as stated below. The methods of analysis were those of Wanklyn,* and such as are employed by the water-supply commission of Great Britain. Every kind of evidence bearing upon the question has been carefully collated, and by resort to checks and balances known to chemists the figures were made sure. To make the statement less technical, the hygienic classification of drinking-waters adopted by Parkes,† and based upon such facts as are generally admitted, is first given as a standard.

It will be seen that our deep well-waters are pure and wholesome in every particular except that of least importance, the mineral constituents. Our alluvial soil, while destroying all organic matter, impregnates the water that filters through it with mineral salts to the extent of about fifty grains in the gallon. This is enough to make it very hard. Even after boiling there is left enough to equal in hardness ten grains of carbonate of lime. It is asserted on defective evidence that very hard waters favor calculous disorders. Hostlers object to it on the ground that through derangement of digestion it makes the horse's coat "staring and

* Water Analysis, 4th edition.
† Practical Hygiene, 5th edition.

GRAINS PER GALLON.

Character.	Clearness.	Suspended Matter.	Color.	Smell.	Dissolved Solids.	Solids at Red Heat.	Chlorine.	Hardness Fixed.	Nitrites.	Oxygen for Org. Carbon.	Free Ammonia	Albuminoid Ammonia.
Pure and wholesome	transparent.	none.....	colorless....	none.....	under 8..	not black.....	under 1..	2	absent.....	under 0.07	under 0.0014	under 0.0056
Usable.....	transparent.	easily sub-sides.....	slight green or colorless	none.....	under 30	blacken a little...	under 3..	under 4..	absent.....	under 0.105	under 0.0035	under 0.0070
Suspicious.....	turbid.....	considerable.	yellowish....	none.....	above 30	blacken and fumes	above 3..	above 4..	present.....	above 0.105	above 0.0035	above 0.0070
Impure.....	turbid after coarse filt..	large.....	distinctly yellow.....	any marked odor.....	above 50	black, with fumes.	above 6..	above 6..	marked.....	above 0.14	above 0.0070	above 0.0105
Private well.....	transparent.	none.....	none.....	none.....	50.	white.....	4.90	10.5	absent.....	0.00	0.00	0.00
Well at 11th and Maple.	transparent.	none.....	none.....	none.....	43.	white.....	4.26	10.5	absent.....	0.00	0.00	0.00
Louisville Water Co. {	turbid after coarse filt..	large.....	yellow.....	odor when warmed.....	17.1	blacken.....	0.42	2.97	present 0.035	0.08	0.0056	0.0392

MICROSCOPIC CHARACTER.

STANDARD OF IMPURE WATER: Bacteria of any kind, fungi, vegetable and animal forms of low type.
PRIVATE WELL: A few fibers of wood as sediment.
WELL AT ELEVENTH AND MAPLE STREETS: Scanty, minute masses of decaying wood, carrying occasional higher infusoria.
LOUISVILLE WATER COMPANY: Swarming with bacteria.

rough."* Still it would not be fair on account of hardness to degrade it further than the standard of "usable" drinking-water.

When the record of the river-water is studied it is found bad on every count but that of hardness. It is a soft water, and, after freeing it from suspended matter, fit for laundry purposes or cooking; but by the ablest and fairest sanitarians in its present state it would be condemned as unfit to drink. It is turbid after coarse filtration, which nearly always is the naked-eye character of organic infusions alive with minute animal or vegetable forms. It is muddy, and therefore disgusting to a sensitive person. When warmed it has a distinct odor. Its residue (after boiling off the water) blackens or chars. Nitrites, the innocent result of organic contamination, are present. There is organic carbon more than is found in pure water. The most significant chemical tests, according to the reports of the British Water-supply Commission, are those giving the quantity of free and albuminoid ammonia. The figures denote impurity in this respect. The last and most unmistakable sign of impurity is the appearance under the microscope of bacteria.

What is the source of the organic matter? The very small proportion of chlorides indicates that it is not of animal origin. Any amount of animal excreta sufficient to contaminate would certainly run up the score of chlorides. It is a satisfaction to find this positive evidence that the refuse and sewage of the cities and towns above us have been made innocuous by subsidence, transformation, and dilution. It is not at all likely for many generations that the sewage of the upper Ohio will seriously affect its constitution here, or that specific diseases will be communicated by it. But it will be at once conceded that according to common experience the river-water is now, after the summer rains, decidedly impure. Doubtless the extensive water-shed of timber lands which it drains furnishes all along its banks quantum after quantum of decaying vegetable matter washed down and dissolved. Along with this come the microscopic forms—the microzymes, the fungi, and the algæ. These ferments are obnoxious; they tend to set up their own fermentation instead of that of normal digestion. The digestive tract revolts at their presence. If a full tumbler of this muddy water, undiluted by ice, be taken on an empty stomach, it will generally act urgently on the

bowels in half an hour. Those unaccustomed to using it complain frequently of this quality. That complaint is not more general can be accounted for in several ways. The well-to-do either filter it or dilute it with melted ice. Many, especially the poor, use well-water for drinking, and very few take the muddy water with enough gusto to get the effects of free potations. We instinctively use the least amount needed to slake thirst. The general impression of its wholesomeness has blinded ordinary observation to effects as insidious if not as certain as those of foul air and unwholesome food. It is deemed highly probable that in proportion to the accuracy and completeness of the test upon the living person will be the evidence of harm resulting from the daily and frequent use of water classed as impure.

In a series of experiments instituted for the purpose of correcting these objectionable characters, I found that boiling killed the low forms of life, but that filtration through the ordinary filters sold by dealers removed the clay and about forty per cent of the organic matter, leaving it somewhat milky, with numbers of bacteria still remaining. At my solicitation a dealer packed the charcoal in a filter closer than usual, and I therewith procured a specimen entirely free from suspended matter. The trouble in close packing comes from the length of time required for the process of filtration; the water passes very slowly from a fine charcoal filter.

To the Board of Health of Louisville, and through it to the Louisville Water Company, I would quote the following from a standard work which stands in no need of commendation:*

The waters belonging to the first and second class (pure and usable) may be used; those of the third or suspicious class should be well filtered before distribution, and, if possible, should be again filtered in the house. The waters of the fourth class should be entirely disused, or only used when a better source is not procurable, and means of purification should then be systematically resorted to.

The consumer is advised that until the water company fulfills a reasonable expectation by filtering the muddy water now served, and thus furnishing it in the purest attainable state, it would be best to use the public wells for drinking purposes. If the river-water must be used, either boil it or filter and refilter it, or dilute and chill it with melting ice. The surgeon who pretends to practice the antiseptic system should not dress a wound with it until it is well boiled.

* Parkes's Practical Hygiene.

* Parkes's Practical Hygiene, page 40.

MANAGEMENT OF YELLOW FEVER.

Suggestion that Instructions be given to the People
in Infected Cities.

[A Letter addressed to Dr. R. W. Mitchell, Member of the
National Board of Health, Memphis.]

Dear Sir:

The National Board of Health having given me some marks of their favor in offering to place me on the reserved list of their sanitary inspectors, I wrote to the president and to several of the board a communication, in which I endeavored to invite their attention to the importance of *treatment* and *management* at the *inception* of cases of yellow fever, regarding these as of almost equal utility as the decision of questions of quarantine, prophylaxis, or even of pathology. I know that you are very much occupied, and am aware also of the fact that numerous physicians feel confident in the success of their treatment of the fever, yet I can not refrain from addressing you also, who are in the midst of an infected city, upon this vital subject. I sincerely believe that thousands of lives could have been and can be saved in the future by a system of management begun at the very *commencement* of an attack of the disease, before the *fever* has had time to produce its direful effects, and by methods simple in their operation, perfectly compatible with reason and common sense, and also based upon a view of the recognized pathology and progress of the disease. Secondly, that where the demand for medical aid is so urgent that physicians can not see all their new cases early, an exception must be made to our usual procedures, and the people must be *told what to do before the physician arrives*.

I think this is required by the fact, which should be recognized by every one, that death results from the *fever of the first six to ten hours*, whenever this is *permitted* to go on unchecked, by the failure to use those means which are perfectly adequate to restrain and keep down the temperature. In fair cases in temperate individuals there is no need for any black vomit, albuminuria, suppression of urine, etc.

The treatment is simple, uninjurious, and effective. Belot, of Havana, claims that ninety-five out of one hundred fair cases seen early may be cured, and I agree fully with him. I have practiced with success and have published the plans I refer to.*

* See articles in Charleston Medical Journal and Review for January, 1858, March, 1859, October, 1873, and January, 1877, and President's Address, South Carolina Medical Association, 1872, for the *proofs* I have given of the efficiency of the method advised. Therefore no pains have been spared to avoid forming hasty conclusions.

Dr. C. W. Horsey adopted them in the fever of Fernandina (1878), and other physicians have done the same. I issued a brief circular to medical officers and boards of health last summer, and it was also copied in several medical journals, as I could not restrain myself then and now from expressing opinions which long and repeated experience had convinced me of the correctness of; and if this be true, I considered it a duty to urge them, certainly upon the younger and more inexperienced members of the profession; specially upon those who admit that they are not guided by any fixed rules satisfactory to themselves. Many of these, brave spirits as they were, were flocking to offer their assistance, often without any personal experience of the disease.

The treatment consists:

1. In sponging the head, hands, and arms assiduously with ice-cold water at the *very commencement* of the attack, not losing an hour. This is to be repeated at intervals whenever the temperature rises, cold ice-water being quite capable of reducing the temperature. Towels soaked in ice-water are preferable to sponging. Fifteen to twenty minutes generally suffice for each application, its necessity being determined by the existence of pyrexia. Few perform this simple but *essential* procedure as they should do. Prof. T. O. Summers, of Nashville, was perfectly correct when he stated recently that "cold water is the remedy in yellow fever."

2. Give immediately *and but once* Blair's calomel gr. xx, quinine gr. xx, diminishing the dose for children. The quinine may not be essential, though I greatly favor its use for several reasons, and have never seen it produce a single ill effect.

3. Follow in three or four hours with a saline cathartic, which is cooling and antiphlogistic.

4. Apply mustard plasters to the entire abdomen and place the feet in a hot mustard foot-bath from the beginning of the attack, and repeat them frequently. These may be followed by a blister to the abdomen (which certainly does no injury) in case there is nausea or irritability of the stomach.

5. After the salts have acted give an effervescing or antacid mixture of this nature (which was much used by the late Prof. E. Geddings, of this city).

R Acetate of potash.....	3j;
Bicarb. of potash.....	3j;
Morphia.....	gr. j;
Water	3vj.

A teaspoonful to a dessertspoonful every

two or three hours to quiet irritation and act as a mild antacid and diuretic.

No other treatment or active measures are required, save the continuance of the cold water and pellets of ice given internally, if desired. The administration of food must be watched with the greatest care throughout the disease.

Doubtless a few drops of tinct. of aconite might prove serviceable, added to the mixture above mentioned or given separately, if the pulse or temperature is with difficulty reduced.

To yourself, an experienced physician, known to the whole country, I write with great deference; but I can not resist the force of my convictions. I only submit with the greatest respect what I know to be an efficient method after using it, and *noting every case and its results at every visit* during several epidemics, and when in charge for seven years of the marine hospital in this city. I have for seventeen years been physician and surgeon to hospitals. Some of your associates may find it useful, and I think the people should be publicly instructed what to do when in such need, and when *precious time is lost* by the enforced absence of their medical attendants.

Respectfully yours,

F. PEYRE PORCHER, M. D.,

*Prof. in Med. Col. of State of South Carolina,
Ex-president of State Med. Assoc'n.*

[The above letter, we learn, has been referred by Dr. Mitchell to the Shelby County Medical Society.]

Correspondence.

LETTER FROM CORK.

My Dear News:

On the night of the 3d Dr. Southey and I, under the protection of the handsome and huge Maccormac, who was provided with an entire coach by the railway officials, left London on the Wild Irishman, as the fast night-train is called, and by 4 A. M. we were at Hollyhead and on the steamer. The sea was smooth, and in a few hours we were in Kingstown, and in a little while we dashed into Dublin on an express-train. A return of my malarial trouble disabled me from seeing the sights of the city and of enjoying the proffered hospitality of kind friends; but after several hours' rest I was able to join

the expedition to Bohernabruna, where Dr. Mapother, the retiring president, gave the annual dinner to the officers of the Royal College of Surgeons. We were a party of thirty, and rode the ten miles to the rendezvous in comfortable drags, from which we enjoyed the lovely scenery, clothed in the innumerable shades of peerless Irish verdure. The weather was perfect, the company congenial, the horses spirited, and we bowled along the smooth turnpike at a lively pace.

Monsieur Charcot, the metalo-therapeutic Frenchman, and I were the only foreigners in the party. Charcot's reminiscences of the Paris siege were very interesting. Rats, he says, he could never bring himself to eat. Cats he did not like. Horse he found very good, and donkey was delicious. The meanest meat he ate was elephant, which was tough and strong, no matter how it was cooked; and hippopotamus was no better. You recollect that food became so scarce that the animals of the zoölogical and acclimatization gardens were killed for food.

Bohernabruna is a monastery in the Irish hills, and the view from it is magnificent. It is the favorite club dining-place with the Dubloons (will you accept the word?) The place is not imposing in its architecture, being a lot of one-story thatched buildings. The monks are not a bad-looking lot; and if they are as perfect in their piety as they are in their cuisine, their useful lives in this world must be supplemented by a delightful one in the next. We dined in a long summer-house, looking out upon a lovely lawn, and far away we saw the valleys and mountains of Erin. Turtle soup and venison and flappers (young wild ducks) and Westphalia ham and capons, with venerable Madeira and Burgundy and Champagne and Port, and luscious peaches and grapes and greengages and melons were among the earlier luxuries. After these came the Irish whisky and kettles of boiling water and lemons and loaf sugar and speeches and songs and yarns and jokes, and cigars and pipes to those who liked tobacco. Need I say it was jolly? It is worth a trip across the Atlantic to go to an Irish doctor's dinner. Thackeray said the same thing of eating the canvas-back duck. I have tried both, and the Irish dinner is the better. At the table were grandfathers beyond seventy and gay fellows far under thirty; but there was no stiffness or reserve, and the old and young, in amiable humor, mixed and commingled like the mellow whisky and hot water, the other components

of the punch making a social compound as generous and genial as the famous national drink, to which much of the poetry and wit of old Ireland is no doubt due.

Thanks to the courtesy of Dr. McNaughton Jones, I have a comfortable room at the Imperial Hotel. Cork is so crowded that some gentlemen have found it impossible to get quarters, and have left the city. There are about five hundred doctors attending the meeting, and among them are many foreigners. America is represented by Sayre, Seguin, and Baird, of New York, Hodgins, of St. Louis, Byford, of Chicago, and your little partner. There are others here from the States whom I do not know. Charcot, of Paris, is the most distinguished foreigner here. I do not count the Americans foreigners.

I was this evening at the dinner of the president and officers of the British Medical Association. It was a company of fifty, and was an elegant affair. After it the president held a reception at Queen's College, and the beauty and fashion of Cork were there in great force. The Irish women are superb in color and form, and the men are noble fellows. I believe that I never saw any thing so brilliantly beautiful as this reception. The spacious college-grounds and halls were illuminated by the lime light, the Joblochkoff lamp being used. The ground-glass shades of the lamp softened the electric light. I am glad to say that the report of this light being unbecoming to beauty is utterly incorrect. In truth it is kinder than gas or candles or sunlight to the complexions of nature's most perfect work. Many of these ladies I had already seen by these other lights, and I assure you they were most beautiful in the lime light. Though the buildings and grounds are spacious, the two thousand daughters and sons of Adam assembled there packed the place closely, and some hypercritical people complained of the crowd; but in such a lovely and charming company as this I do not mind being squeezed.

The British Medical Association reminds one strikingly of our own. The members are, as a rule, better dressed than ours upon such occasions, and they have better complexions; but they do not speak so well as their American cousins, and in size and good looks I do not think they have any advantage over us. In intellectuality of looks, like our own national medical body, they come out very strong, and there is no comparison between these two bodies and the English Parliament and the American Congress.

The doctors discount the law-makers decidedly.

The exhibition of drugs and instruments is quite inferior to ours in point of size. Two of our best American houses are handsomely represented—Parke, Davis & Co. and Wyeth Bros. Parke, Davis & Co.'s capsules attract especial attention, and are quite a novelty in Great Britain. Their anal as well as oral capsules are an excellent invention. Wyeth's dialysed iron is preferred to all others in Cork, as it is in Dublin and London; and when I inquired of Corbyn, Stacy & Co., of London, who have a good exhibition of drugs at the Cork meeting, for a specimen of their own dialysed iron, they gave me a specimen of Wyeth's, stating that it is chiefly prescribed in London. The dialysed opium of Corbyn, Stacy & Co. is quite worth a trial. In taste it is not the least unpleasant. I inclose what its manufacturers say of it:

LIQUOR OPII DIALYSATUS.—This preparation of opium is obtained, as its name implies, by *dialysis*. It is a pale liquid, with a slight taste, from which the disagreeable, heavy, characteristic odor of opium is absent. It contains all the crystalline active principles of opium in the same relative proportions as the crude drug. It is quite free from extractive, resinous, waxy, and caoutchouc substances, and retains only a minimum quantity of coloring matter. The proportion of morphia, and indeed of the opium alkaloids generally, is constant, that of the former being equal to four grains of morphia hydrochlorate in the fluid ounce. The dose is therefore the same as that of tincture of opium, liquid extract of opium, etc. In continued use it is found that this preparation does not produce constipation, headache, or stomach disturbance, and patients exhibit a tolerance not shown to any other preparation of opium.

The hospitality of our Irish kinsfolk is unbounded, and we are invited to more breakfasts, luncheons, dinners, receptions, and garden parties than any mortal man could go through with and live. We are given the freedom of the clubs, picture-galleries, etc.; and an experienced traveler is always delighted to get into a club in this country if he has occasion to order a meal, for the hotels in Her Majesty's dominions are quite inferior to those in America.

Dr. O'Conner, of Cork, a genial and scholarly gentleman, is the president elect. While I have never been impressed with the truth of Boucicault's well-known alliteration, that God is good to the Irish, I can truly declare the Irish are good to their guests.

The weather is cool and showery, and the farmers of Ireland—as is always the case with farmers, however—are complaining of the backward and bad season.

L. P. VANDELL.

CORK CLUB, CORK, August 6, 1879.

TREATMENT OF CHOLERA INFANTUM.

To the Editors of the Louisville Medical News:

Cholera infantum is a disease not confined to cities and towns, but is frequently met with in country places during the hot season of the year. In the latter situations I have seen and treated several cases of the disease successfully with the following treatment:

From half a grain to a grain or more of calomel, according to the age of the child, is combined with a little prepared or precipitated chalk and pulverized loaf sugar, and given every two hours until vomiting ceases and the fever abates, which may occur within twenty-four hours, but sometimes later. The alvine dejections are also apt to become less frequent and more natural in appearance under this treatment. The powder may be placed in a spoon and wet with water, or it may be put into the child's mouth in a dry state. If the child immediately reject the medicine, the dose should be repeated within a few minutes, when it will be apt to be retained. As adjuvants, rubefacient applications of ground mustard diluted with wheat flour may be applied to the epigastrium and extremities till redness of the skin is produced, when they may be removed and applied again at intervals of several hours, if occasion requires. Cataplasms of bruised mint and various spices may also be used. The feet and legs should be bathed in warm water made stimulating with mustard, red pepper, or salt, whenever found cold or cool. An occasional warm or tepid bath to the whole surface of the body may prove beneficial; also cold sponging of the head, face, and trunk when the heat is extreme. Should manifestations of cerebral disease be present not dependent upon the irritation of teething, the calomel may be increased, with cups or leeches to the temples, and the cold douche upon the head. If the child is teething and the gums swollen, they should be freely scarified. I have known very threatening symptoms of cerebral disease relieved within a few minutes after scarifying the gums. To relieve the thirst, which is very great in this disease, a limited quantity of cold water may frequently be given. If too freely allowed, it will be immediately rejected by the stomach, and do but little or no good. I have seen a child retain a single teaspoonful of water with much apparent benefit, when a greater quantity was constantly rejected. Gum arabic may be dissolved in the water when emaciation is rapid. The same caution is necessary with

regard to the child's diet. If too freely indulged, vomiting will continue. The mother should therefore restrain her child from nursing too much at a time, which it is inclined to do on account of the great thirst. If the child be weaned, fresh cow's milk diluted with a little cold water, to which may be added a little loaf sugar, may be given in small quantities at a time, and repeated as the stomach will bear it. Lime-water may sometimes be added to the milk with benefit. Small quantities of chicken-water sometimes prove grateful to the little patient. Still later in the disease arrow-root prepared with milk is a suitable and valuable diet. After the subsidence of vomiting and fever, should diarrhea continue, it will probably yield to chalk-mixture, to which is added a little pulverized catechu or kino and cinnamon-bark, or the officinal tincture of catechu may be added to the chalk-mixture, if the stimulus of the alcohol be not contra-indicated. If this fails to control the bowels, a little laudanum, according to the age of the child, may be added to the mixture. Small doses of acetate of lead and Dover's powder with pulverized cinnamon is also a good prescription in such cases. Blackberry wine weakened with gum-water and sweetened with sugar may be given to the child occasionally, and is good treatment at this stage of the disease. Should there be decided remission of the symptoms in any case, I would give quinine during the remission; but in the cases of the disease I have seen I regard the treatment with calomel of paramount importance.

WILLIAM SPEIR, M. D.

MONROE COUNTY, GA.

Books and Pamphlets.

NOTES OF HOSPITAL AND PRIVATE PRACTICE. By Henry Gibbons, sr., M. D., San Francisco.

EXCISION OF THE KNEE-JOINT, WITH CASES. By Joseph Eastman, M. D. Reprint from Transactions of Indiana State Medical Society. Indianapolis.

THE METRIC SYSTEM. By J. F. Baldwin, M. D., Columbus, Ohio, Professor of Anatomy in Columbus Medical College. Remarks made before the Ohio State Medical Society. Published by request of the Society.

MATERIA MEDICA AND THERAPEUTICS: VEGETABLE KINGDOM. By Chas. D. F. Phillips, M. D., F. R. C. S. E., Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the United States Pharmacopœia by Henry G. Piffard, A. M., M. D., New York. New York: Wm. Wood & Co., 27 Great Jones Street, New York.

PROCEEDINGS OF THE LOUISIANA STATE MEDICAL ASSOCIATION at its second meeting, held in New Orleans April 9, 10, and 11, 1879. New Orleans.

TREATMENT OF YELLOW FEVER. By Jos. Jones, M. D., Professor of Chemistry and Clinical Medicine, Medical Department of University of Louisiana, etc. Extracts from a Clinical Lecture. Reported from the New Orleans Med. and Surg. Journal, New Orleans.

A NEW MOVABLE PAPER BRACE FOR THE TREATMENT OF CARIES OF THE SPINE AND OF LATERAL CURVATURE, BY THE INSERTION OF A RUBBER BAND TO EXERT PRESSURE OVER THE DEFORMITY. By Ap. Morgan Vance, M. D., Junior Assistant, Hospital for Ruptured and Crippled, New York. Read before the New York County Medical Society, June 28, 1879. With the discussion before the Society by Drs. Frank H. Hamilton, Lewis A. Sayre, John A. Wyeth, and V. P. Gibney. Reprint from Hospital Gazette, July 19, 1879.

The Louisville Medical News.

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Miscellany.

CONSERVATISM IN SURGERY.—So much has been said for and against the germ-theory and the Lister practice that is built thereon that we would hesitate, for a while, at least, to copy into these pages matter bearing on the subject. We are induced, however, to make the following extracts from the address on surgery before the British Medical Association three weeks ago, because its author, Mr. Savory, is a surgeon of world-wide reputation, and the field of his observations—St. Bartholomew Hospital, in London—is one of the most famous institutions of its kind in Great Britain. We are indebted to Dr. L. P. Yandell, who, it will be seen by his letter in this number, was in attendance at the meeting of the Association in Cork, for an advance copy of Mr. Savory's address. It will be seen that Mr. Savory denies in toto that modern antiseptic surgery, except in so far as it conduces to cleanliness, has surpassed the results

of practice based on formerly recognized principles of surgery, and that in some of its appliances it retards rather than accelerates cure. He says:

If the germ-theory in its past and present state contained the truth, the whole truth, and nothing but the truth, what possible explanation is to be given of that which is witnessed daily and hourly—the kindly repair of exposed wounds? I will venture to say that any one who had no clinical experience, but who accepted all that he could read on the germ-theory, would inevitably come to the conclusion that to expose any wound unguarded to the atmosphere would be to seal the fate of a patient. But what is the fact? Who requires to be informed? Then it is not clear that the whole truth has not yet been told. Nay, further still, not only are exposed or unguarded wounds constantly to be seen in healthy process of repair, covered with secretion which presents no evidence of putrefaction, but wounds are sometimes seen bathed in fluid which if injected into the blood would forthwith produce all the effects of blood-poisoning in the most intense degree. And yet further, a collection of matter large enough and poisonous enough to destroy a host of persons, if passed into the blood, may remain pent up in the body for a long period without any visible disturbance of the general health. It is obvious, then, that the contact of wounds and raw surfaces with even putrefying fluids is not always enough, for this is seen continually without evil effects. They must be transmitted to the blood. . . .

The history of our present knowledge of blood-poisoning is an interesting and instructive one. At first, all attention being naturally concentrated on the changes wrought in the body, the origin and cause of the affection was sought only within those limits. Then when the truth began to dawn that the actual poison was derived from without, the pendulum of opinion, according to its wont, swung at once to the opposite extreme; and I venture to think that of late the opposite error has prevailed, of regarding only the conditions under which the poison is formed, and losing sight altogether of the conditions under which it affects the blood.

THE PRACTICE AT ST. BARTHOLOMEW'S HOSPITAL.—A splendid struggle now goes on throughout England, Europe, and the civilized world, to reduce the mortality from this cause after operations to the lowest possible terms. Beyond all doubt the gain to human life and health from this has already been immense. And now by what particular means have these results been achieved? Hitherto, I say advisedly, the best results by the simplest means. Forgive me if I refer again to the records of my own hospital—St. Bartholomew's—for evidence of this responsible statement. The results which they testify have not been on the whole surpassed. Now, considering all the various details in the treatment of wounds and the management of cases after operation, the practice of no two different surgeons of the staff is precisely alike. Each one of the surgeons perhaps carries out certain details in some way different from the others, but all aim at the most scrupulous cleanliness. We strive to secure this by all possible means. We watch very carefully the actual state of wounds, and we use very freely antiseptics of various kinds. And with cleanliness we attach, for the most part, the highest importance to rest. We are careful to disturb wounds during the process of repair as little as possible. Cleanliness in its surgical sense and rest

in its physiological sense may be said to be the leading aims. But we are by no means satisfied with directing attention only to wounds. We are most jealous of the state of the atmosphere of our wards. We keep the air as pure as possible. We have no particular or patent system of ventilation. Ventilation is effected only by open windows and large chimneys. But we are proud of the habitual state of our wards, even when most closed, as during the nighttime. Lastly, we attach the highest importance to the state of health and condition of our patient before operation; and never, when we have choice and opportunity, do we inflict an injury without previous inquiry in this direction very fully carried out. Well, what of all this? will perhaps be said. Of course all this is done every where. So much the better. The results, you see, are not due to any thing beyond the observance of the recognized principles of surgery.

LISTER'S PLAN MAY DELAY THE HEALING OF WOUNDS.—I pass on to speak of that particular plan of practice which aims at unconditional security—the plan the purpose of which is to exclude all risk of blood infection by the rigid exclusion of living germs; notably of that particular method which has been introduced by Lister, and at present known every where as Lister's method. The St. Bartholomew Hospital statistics, to which I have already referred, I consider justify me in the conviction that hitherto the best results have been achieved by the simpler method. I say I know of no results from Lister's method like those which I have given. While the adoption of Lister's plan has effected a vast improvement in the death rate of a particular institution, the results obtained by it are still far below those which have been obtained by other methods. It is easy to understand why the most enthusiastic reports in its favor come from those places where the sanitary conditions are the worst. I repeat my conviction that when the plan is accurately carried out as a rule it necessarily delays the repair of wounds. Are those who can tell of wonderful results from this method in a position to state that none equal to them have been accomplished in other and more simple ways? Bryant has well said, "the publication of isolated cases, however good, proves nothing, whereas the withholding of the whole suggests much." But does blood-poisoning ever occur in this practice? In point of fact it does from time to time occur, and sometimes proves fatal. Every one is aware, of course, of the answer which is given to this, that it is due to the mode of dressing being imperfectly carried out. But this catastrophe does still not unfrequently occur in skillful and experienced hands in the practice of excellent surgeons, enthusiasts in this method. If the plan be only ideally perfect, and liable, in spite of such care and dexterity, to fail in practice, it still misses its aim. Then, for me, at least, and for the reasons I have given, the constant and prolonged employment of drainage-tubes is a serious objection. I am convinced, I repeat, that they too often prove sources of local and general irritation. Thus I have seen a large chronic abscess opened and dressed carefully with the rigid precautions of Lister's method. I have seen the patient day after day but little disturbed, with a temperature of one or perhaps two degrees above the normal, and then at the end of a week or nine or ten days I have seen all the dressing hitherto applied suddenly removed, the drainage-tube withdrawn, and a common bread-poultice applied to the now fully exposed surface. The result has been that the temperature has quickly fallen to the normal

point; and my belief is that in more than one instance the reduction of temperature was mainly due to the removal of the tube, which, as a foreign body in the wound, was a source of irritation.

DR. SAYRE'S SPEECH AT THE DINNER OF THE BRITISH MEDICAL ASSOCIATION IN CORK. Dr. Sayre said he was called on to respond to the toast of their foreign guests, and he almost felt that to be an insult to him. [Laughter and applause.] He was not a foreigner there. [Renewed laughter.] They had treated him so warmly on the present and last occasion on which he was among them, and he remembered so well their hospitality and friendship, that he, at all events, could not look upon himself as a foreigner there. [Hear, hear.] They in America felt highly complimented by the British Medical Association holding their meeting that year in Cork. They kind of looked upon it as if they had come half way to meet them. [Laughter.] They all knew that that beautiful island was the first land which met their gaze after leaving the far distant shore of America, and as they entered the beautiful harbor, which increased in beauty until they came to that most beautiful of commercial towns—Queenstown—which rose tier above tier, and which possessed all the beauties of a fashionable watering-place. He was delighted to meet so many of his medical brethren, and he could not help remarking that men, women, and children should at some time come under the critical observation of the family physician. Therefore, in his judgment, that profession held the power which, if they only knew it and how to use it as they ought by the introduction of social friendship in the castle or in the cabin, they had a great power in their hands for raising the elements of material culture, so as to bring a bond of union between all nations of the earth. [Applause.] Might he not then fondly hope that during next year, when the American Medical Association meet in New York on the 1st of June, they would have many visitors from Europe, who would find awaiting them all the luxuries of an American climate and sunshine [laughter], when they would cordially welcome them to take the bronchial disturbances out of their throats and make them young and vigorous boys. [Renewed laughter and applause.] As the president of the Medical Association of America he then tendered to all—not alone the members of the British Medical Association, but the representative men of all medical associations in Europe. [Loud applause.]

EXTIRPATION OF THE KIDNEY.—Extract from Dr. J. Marion Sims's Berlin letter, in New York Medical Record:

You remember how we were all electrified about ten years ago with the news that the daring, dashing Simon had successfully extirpated the kidney. I do not know how often Simon's operation had been performed, but at home I know that it was done successfully by the late Dr. Gilmore, of Mobile, and by our own George C. Peters. It has remained for Dr. Martin, of Berlin (son of the late Prof. Edward Martin), to open up a new field for and a new method of doing this operation. He has now extirpated the kidney five times—four times successfully. And, strange to say, he has done the operation for what is known as floating kidney. His operation before Listerism would have been wholly unjustifiable, but now it is justified by its simplicity and success. It is as simple if not as easy as ovariectomy, and quite as successful; certainly so in Martin's hands. I had the satisfaction of assisting at Martin's fifth operation, on the 19th of April. The operation is by abdominal section. Instead of using a single table five feet long for his operations, he has two tables, each about two and a half feet long, end to end, one being a little lower than the other. The patient was chloroformed in her own chamber and then brought into the operating-room and placed on the table with the head to the window. The head was on the lower table, the pelvis on the higher one. The head was placed low with the intention of preventing syncope, the chief source of danger in the use of chloroform. Martin's spray-apparatus is an enormous affair that will work for hours. It was placed six feet or more from the patient, and the spray passed over the assistants and fell on the patient, not in a dense cloud, but in a sort of mist. It seemed to me to be "too much of a good thing."

The operation was begun at 7:50 A. M., and was finished in twenty-six minutes. It was done slowly and with great pains-taking. The incision was begun about two inches above the umbilicus and extended two inches below it. The bleeding from the edges of the abdominal wound was arrested, as in ovariectomy, with hemostatic forceps. The peritoneum was then incised. Some folds of small intestine protruded, and were pushed back and retained by a carbolyzed sponge probang. The kidney was then pushed to the abdominal incision by pressure on the loin behind, where it was seized with a vul-

sellum and securely held. The peritoneum investing it was then opened longitudinally, and the kidney was enucleated and brought freely into the peritoneal cavity. Some large veins on its surface were ligated, and its attachments, consisting of renal artery, renal vein, and ureter with cellular investments, were tied in sections, just as we secure a broad pedicle in ovariectomy. The pedicle (so to say) of the kidney, necessarily running longitudinally with the kidney about three fingers' width long, was transfixed, and tied with five separate ligatures. The kidney was then neatly dissected away from the pedicle and removed. The pedicle was dropped back into its proper place behind the peritoneum; the peritoneal cavity was then carefully sponged dry, and the external wound was closed with interrupted sutures. The sutures and ligatures were carbolyzed silk. Antiseptic dressings were applied, and the patient removed to her bed.

I saw her twenty-four hours after the operation. Her pulse, temperature, and expression were good, and I thought she would in all probability recover, but I have since learned from Dr. Martin that she died of peritonitis three days after operation.

All of Dr. Martin's operations have been done for floating kidney. Heretofore we have told our floating-kidney patients that they must accept their condition as incurable. Whether we will readily follow the bold example of Dr. Martin and extirpate floating kidneys hereafter, is a question.

Dr. Martin had his last case under observation four or five months. He had failed to relieve her sufferings in the least. She complained of weight and pain in the kidney, could not work, and yet was obliged to work to make her living. Having exhausted all other means of relief, he proposed the operation, laying before her and her husband its dangers. After due deliberation they determined to have the operation, being greatly encouraged by the fact that Dr. Martin had already performed it successfully four times.

Dr. Martin says that in one of his cases he had great difficulty in completing the operation. The patient was fat, the abdominal walls loaded with fat, and it was necessary to make a transverse incision to the right from the median line. The kidney was then safely removed, but the first dressing of the wound a day or two after operation showed that the transverse incision had failed to unite; it gaped widely open, and for two or three days afterward the liver

could be seen at each dressing moving up and down with each respiratory act. Notwithstanding all this, the patient recovered without a bad symptom.

ENCOURAGE THE SICK.—Among the general suggestions I would respectfully offer are the following: If to superior judgment, skill, and experience possessed by one physician over another, there be added one *habit* to be cultivated for its real practical effect in promoting recovery, it is that of encouraging the sick. Let it be no idle mannerism put on or assumed for effect. It is a "third estate" in physic, and is next in importance only to food and medicines. It is absolutely potent in its plain, positive results; for the sick man, in his weakened state, with his nerves unstrung, is a prey to his diseased imaginations, and depression of spirits greatly diminishes the recuperative energies of the entire organism. He has the "*mens insana, in corpore insano.*" The fancy prone to despondency and inclined to look at the dark side of things has dethroned the judgment; and it is the business of the surgeon to reinstate hope and cheerfulness in his heart, on account of the influences which he knows they have upon the vital functions, the secretions, the appetite, and consequently the power with which he responds to remedial agents. By a pious fraud, if necessary, he should conceal from his patient all useless knowledge respecting his pulse, tongue, the amount of fever, criticalness of condition, so long as the concealment will tend to lift him out of his state of gloom, despondency, or apathy, and will inspire him with anticipations of recovery. The beneficial effects of instilling cheerfulness and hopefulness can not be overestimated, and the sufferer should never be left without some encouraging word. We have all witnessed the sudden and extraordinary revolution produced, even in the desperately sick or wounded, by the anticipation of a furlough and the hope of revisiting their homes. Revived hope, as with the wand of an enchanter, kindles new life in the worn-out frame.—*F. Peyre Porcher, M. D.*

OBSTA PRINCIPIIS.—I have always thought that the Roman maxim *obsta principiis* expressed very finely the proper policy to be pursued by the physician and surgeon in the treatment of diseases or surgical injuries. Among the practical suggestions of a general nature, I wish to give prominence to it as embodying a useful principle; for

many surgeons lose time and worry themselves, or become discouraged, because they fail to manage successfully those who are beyond the reach of art. Early treatment should be regarded almost as a *sine qua non* to success. In other words, lose no time at the beginning of diseases, or as soon as they are presented for treatment. Then you can arrest more easily and completely the spread of symptoms; for the danger of organic changes, of blood-poisoning, of passive congestions, of secondary accumulations, of depression of the nervous centers with its results, increase in a geometrical ratio the longer they are permitted to remain unchecked. The surgeon should never permit a hot, burning fever to continue, if it be possible to prevent it by remedial agents, sedatives, cooling applications, etc.; for when the passive congestion, coma, or delirium follows, it is too late. Let it be remembered that medicines are far more potent in preventing or arresting diseased states than in curing them when fully developed, and it is especially difficult to do away with the ill effects of the secondary results of disease.—*F. Peyre Porcher, M. D.*

CEMENT FOR MENDING GLASS-, EARTHEN-, AND WEDGEWOODWARE.—Take one ounce of Russian isinglass, cut it in small pieces, and bruise well in order to separate the fibers; then add six ounces of warm water, and leave it in a warm place, that the isinglass may dissolve, which will require from twenty-four to forty-eight hours. Evaporate this to about three ounces. Next dissolve one half ounce of mastic in four ounces of alcohol; and when this is ready transfer the isinglass from the evaporating dish to a tin can (an empty ether can will be found convenient); heat both solutions, and add the mastic solution to the isinglass in small quantities at a time, shaking the can violently after each addition. While still hot strain the liquid through muslin cloth, and put up in half-ounce bottles. I have found this cement to be very valuable, and articles—such as mortars, graduates, etc.—mended by it have been in use for years, and in fact seem to be stronger than they were originally.

To remove the odor of musk from the hands or from utensils, it is only necessary to apply a paste formed of pulverized ergot and water. This property of smut rye was accidentally detected by E. Blitz when preparing a compound of the above ingredients.—*Zeitschr. d. Oester. Apoth. Ver.*

Selections.

Chloral Hydrate in Dysentery.—Curci states (*Rundschau*, May, 1879) that he first used chloral for the diarrhea of typhoid fever, and the results were so favorable that he subsequently used it during an epidemic of dysentery in seventeen cases. The results in all were very satisfactory. At first he gave the medicine in combination with chlorate of potash, but subsequently he gave it alone, using as a vehicle tolerably thick barley-water. It was given both by the mouth and enema. When given by the mouth the dose was from one to three grams a day; as an enema, one gram of chloral was dissolved in two hundred grams of barley-water. When given by the mouth, Curci advises that a mild purgative be given first, in order to prepare the bowels for the action of the medicine. It acts not only as a soporific, for which purpose it was first recommended in this disease by Dr. Prince, but also as a sedative, astringent, antispasmodic, and antiseptic. It acts locally also as a coagulant. If it only lessened the pain by producing sleep, it would be any thing but a desirable remedy, as the disease would be progressing while the patient and physician were lulled into a false security. It has a very decided action, however, aside from this through its action on the cerebro-spinal nervous system as well as on the sympathetic, the nerves being very much affected in dysentery. The discharge will be lessened, and the formation of flatus, a source of so much pain in this disease, prevented.

With reference to the local action of chloral, he thinks that a part is absorbed in the intestinal canal and a part is carried on by the peristaltic movements into the large intestine. After two or three grams have been taken (in some mucilaginous vehicle) there is first an increase in the peristaltic movements of the intestines, which is followed by diminution in the sensibility and in the movements of the breasts. This effect is due to the action on the sympathetic, there being first an excitation and then a paralysis produced. In this way the chloral lessens both the pain and the discharge. It acts furthermore by coagulating the albumen, destroying the poison (?) of the disease, and promoting the healing process.

In conclusion, the writer reviews the action of other drugs hitherto used in dysentery, and advances some rather startling views. He thinks that purgatives given in the early stages of the disease are the only medicines comparable in value to chloral. He condemns in emphatic terms antiphlogistic remedies, as well as the use of opiates and astringents. Ipecac, he thinks, is also useless unless given in emetic doses, and is of doubtful efficacy even then.—*Virginia Medical Monthly*.

Treatment of Hysteria.—When called to a paroxysm, the first indication is to remove any tight clothing about the patient, and to administer antispasmodics if the patient can swallow, such as gelseminum, lobelia, musk, hyoscyamus, valerian, cannabis indica, camphor, and hydrate of chloral. But if the paroxysms are severe and the patient unable to swallow, I have made use of sulphate of morphia, one sixteenth of a grain; fluid extract of gelseminum, three drops; add half a teaspoonful of water; mix, and with a hypodermic syringe inject about half of it in right arm. This will stop the paroxysm at once. More recently I stop spasms by a hypodermic

injection of clear cold water. It has never failed me, and, more than that, it will arrest *immediately* any kind of spasm or pain in almost any form of disease. If trismus should occur in any case, pour cold water on the head and inject into the rectum about four ounces of a strong infusion of lobelia-seed, ipecac, and gelseminum. This will be a good-bye to trismus in fifteen minutes, as it will relax the entire system. After the paroxysm the real cause of the disease must be ascertained, and this must be removed. The physician must also gain the confidence of the patient and friends, and thus wield an influence over the mind of the patient, which is very important. The nervous system must be closely examined, especially the spine, and if any irritation or congestion is found it must be removed. It is also very important to promote healthy digestion, as sometimes the stomach is very irritable, and if overloaded or indigestible food is taken the spasms are likely to occur. Every individual case must be studied and the indications promptly met.—*Dr. John A. Henning, in Chicago Medical Times*.

The Treatment of Excitement in Asylum Practice.—J. A. Campbell, M. D., in *London Lancet*, concludes an interesting paper with the following summary of the treatment of excitement in asylum practice:

That in excitement sedative treatment during the day is at times necessary to render patients manageable. I however think that whenever used for any length of time the patient remains somewhat longer in a stupid or mentally clouded state after the excitement passes off.

That in acutely excited patients, where exercise does not cause sleep at night, it is well to induce it artificially, so as to prevent injury to health from exhaustion; but this form of treatment should only be used for short periods.

That I have found chloral, given as described, a most certain sleep-producer, and harmless.

That with excitement and sleeplessness in chronic patients it is at times necessary for the quiet of an asylum to give sleep-producers, but the necessity may be much diminished by open-air exercise and employment.

That careful, frequently-repeated feeding is as necessary in the treatment of acute excitement as in that of any other acute and exhausting disease; that its neglect may induce dementia.

That in the vast majority of cases of acute excitement prolonged exercise in the open air does away with the necessity for sedative treatment or the use of sleep-producers, and in a great measure obviates recourse to seclusion, but involves extra supervision and more attendants.

That after a six years' use of bromide of potassium in epilepsy I am in a position to corroborate the evidence of others as to its efficacy in the treatment of epilepsy, by reducing the number of fits and allaying the irritability almost always concomitant with epilepsy. The arranging the dose to suit the case, and at intervals examining the patient as in any other form of treatment, must not be overlooked.

That the morning shower-bath is an important auxiliary in the treatment of excitement in the young of both sexes.

That in some cases where excitement appears due to ovarian irritation blistering over the ovaries appears to do good, and that this subject is worthy of attention.

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"NEC TENUI PENNA."

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

DOCTORS' DAY.

Whatever may be the state of the profession elsewhere, the doctors have the day in Kentucky, and ordinary folks must tip their hats to them. If upon any of the perilous fields trod by our gaudy militia haply some of the severely-worked medical staff should show conspicuous bravery, there will be no trouble about his medal at Frankfort, as there was the other day in England, when the Irish surgeon, who had fairly won his laurels in Zululand, was prevented for a while in wearing them simply because he was a doctor. Doctors are at the top of the pot in Kentucky. On the 2d of this month Dr. L. P. Blackburn was inaugurated at Frankfort as Governor of the State, and (D. V.) will hold the office for the next four years. We give the following sketch of Dr. Blackburn from the *Courier-Journal*:

Dr. Luke P. Blackburn, inaugurated Governor of Kentucky on September 2d, was born June 16, 1816, in Woodford County, Ky., his father being Edward M. Blackburn, a lawyer by education and a large farmer and stock-breeder in the state.

Dr. Blackburn graduated in medicine at Transylvania University, and began the practice of his profession at Lexington, and married Miss Ella Guest Boswell, daughter of Dr. Jos. Boswell, of that place. In 1835 he devoted himself assiduously to the care of the sick during the cholera epidemic at Lexington, and showed the same self-sacrificing devotion to suffering humanity which distinguished him in after life, receiving no pecuniary reward therefor. He then moved to Versailles and engaged in a lucrative practice. In 1843 he was elected to the legislature, and in 1846 he removed to Natchez, Miss., where he acquired wealth and large influence. In 1848 yellow

fever appeared at New Orleans, and in his capacity of health officer at Natchez he established an effective quarantine. During that period he established, at his own expense, the first marine hospital for the benefit of the poor and sick river-men, and this enterprise led to the passage of a bill by Congress establishing a marine hospital at Natchez, thus inaugurating the great and beneficent marine-hospital system of the country. Dr. Blackburn was appointed surgeon of the new hospital, and held the position with distinguished honor for some years. In 1854 he again saved Natchez from yellow fever by establishing a rigid quarantine, and subsequently through his personal efforts succeeded in having the present quarantine established below New Orleans. In 1855 Dr. Blackburn's wife died; and in 1857, while traveling in Europe, he met Miss Julia M. Churchill, of Kentucky, to whom he was married in that year. Upon his return to the United States he located at New Orleans and built up a large practice.

Upon the breaking out of the civil war he was attached as surgeon to the personal staff of General Sterling Price, and the legislature of Mississippi put \$50,000 into his hands to be used for the benefit of the suffering soldiers of the state. Governor Pettis then commissioned him to go to the borders to superintend the furnishing of supplies by blockade-runners, and he went to Canada to perform the duties of his office. In 1864, at the request of the Governor-general of Canada, he went to the Bermuda Islands to look after the suffering citizens and sailors. His services there were recognized in the most flattering manner by the Canadian authorities and by the British Admiralty Court.

In 1867 Dr. Blackburn returned to the United States and engaged in the business of planting in Arkansas, and in 1873 he returned to Kentucky, where he has since resided. In 1875, when Memphis was severely afflicted with yellow fever, he promptly repaired thither and remained actively engaged with the sick during the whole epidemic. In 1877 he performed the same humane mission at Fernandina, Florida. Last year, when the yellow fever was raging at Hickman, Dr. Blackburn again went to the front, there and elsewhere devoting himself as usual to the cause of humanity. His valuable and

unselfish services were heartily appreciated by his fellow-citizens, and at the Democratic Convention at Louisville in May, 1879, he received the nomination for Governor by acclamation, and was elected at the August election by a majority of 43,917.

Dr. Blackburn, though in several matters an "old-time" physician, in a number of others is intensely modern. He is a positive believer in the germ-theory of disease, and his advocacy of this theory, we believe, far antedates any of its other present backers. He is, of course, a believer in the portability of yellow fever, and is a stern advocate of quarantine, both seaboard and inland.

Dr. Blackburn's writings in medicine have chiefly been of a controversial character. The most notable were his discussions with Prof. T. S. Bell on the causes of Asiatic Cholera and of Yellow Fever.

SPECIAL attention is asked to our Formulary in this number.

Correspondence.

LETTER FROM CORK.

My Dear News:

Yesterday the British Medical Association adjourned to meet next August in Cambridge. The meeting was a pleasant one socially and a successful one scientifically, and too much praise can not be given to the public officials and private citizens of Cork for their delightful and splendid hospitality. To Drs. McNaughton Jones, Atkins, and O'Connor the Association and its guests are indebted for the perfect arrangement of every thing connected with the meeting, which entirely prevented confusion and made all its complicated machinery move smoothly. One heard the same complaints from members that one hears at the American Association. Some complained that there were so many breakfasts, luncheons, dinners, garden-parties, at-homes, receptions, and the like that no time was left for sober, scientific work. Others objected to the length of the papers read, upon the ground that there being so many of them it was impossible to discuss them. It was urged that their authors should be required to present to the meeting only an abstract of the papers, and that this would be discussed, and in that way the views of

the various members would be brought out, the full paper to be given to the publication committee. This suggestion is excellent, but I would add this amendment: "And that the publication committee be required to destroy the full paper, as after we have read the kernel we have no desire to examine the hull." Life is too short for busy doctors to be reading "exhaustive" reports and essays, as they are called; these being commonly composed of compilations from books we all have, or are the tedious details of laboratory experiments, or else are verbose theories that are not worth the ink or wind that they are conveyed to us in.

As to the social-entertainment question, my experience is that the complaints upon this score come chiefly from members who can not enjoy these things, and, toward the last of a meeting, from gentlemen who have enjoyed them too much. Of course our medical meetings on both sides of the sea might be bettered, but as they are they are delightful and do much good. They give doctors who otherwise would never leave home an excuse and a temptation to take a recreation, and no man ever travels without learning something, and every one is better for a yearly rest from labor. These meetings congregate men who otherwise would never meet, and they allow an exchange of views and a measuring of intellects otherwise impossible; these, like hard stones, are by attrition rounded, smoothed, polished, and brightened.

Of the many distinguished men from various parts of the world, Sayre was by far the greatest lion. His lectures and demonstrations of the plaster dressing were witnessed by all who could crowd into the rooms where they were held. As usual, he produced marvelous results with his simple and wonderful dressing, and, as usual, these results were received with rapturous applause. In bringing this dressing right to the doors of British doctors, Dr. Sayre has accomplished a beneficent and philanthropic work. Had he remained at home and merely written books and magazine-articles it would have been at least a quarter of a century before the plaster jacket would have come into use in this country. Sayre is warmhearted and generous, but he is more of a bear than a humming-bird, and some of the surgeons on this side of the water think he is rather too rough on those who differ from him or who have not gotten quite as good results as he has in the treatment of spinal diseases. But it should be remembered that he is a

minister of the great corporal religion, medicine; and when he finds that through the ignorance, prejudice, or perverseness of men of note human backs are permanently bent and human heads are bowed beyond remedy, then he has a right to paw and claw the delinquents; in fact it is his duty to do so. I am glad to say that his patients, or their parents, show that they consider the laborer worthy of his hire; and while our great countryman came over to bring knowledge to his professional brethren and to seek recreation, he doesn't turn a closed pocket or the back of his hand to the guineas, and he takes in a lot of them; and he deserves them.

In my last letter, I think, I mentioned Dr. Savory's address in surgery, and in a private note to you I advised you to publish the address entire. I hope you did not do so; for while it seemed perfect as it fell from his lips, and captivated all who heard it, from the oldest to the youngest, on reading it over coolly, twenty-four hours after, I found that it owed much of its effect to the winsome oratory of its handsome, graceful, scholarly, and eloquent author. I have never listened to a scientific address which created such a furore. The great hall was crowded, and bursts of applause and cheers and peals of laughter constantly interrupted the speaker. In reading the address it impresses me as exceedingly verbose. Its author decries Listerism, and yet uses carbolic acid. He believes in the imperative necessity of drainage, and yet calls drainage-tubes setons. He urges the old-fashioned poultice and water dressing and frequent examination of wounds, and has nothing to say of meddlesome surgery. But the results of operations at St. Bartholomew's which he gave, and which were done without Lister's spray, are wonderfully good; and his just taunt to Lister to come on and show to the profession the results in his hospital must bring that genie of the mephitic cloud to come on with his figures. Savory says, in effect, to Lister what the wicked players of poker sometimes say, "Put up or shut up."

The dermatological section was presided over by McCall Anderson, of Glasgow, a square-headed Scotchman with no bigot nonsense about him. Anderson is an "all-around man,"—making a specialty, as the great Wilson says, "of the skin and all that it contains." I gave you this definition of his in a former letter, but I want to rub it in, and so I repeat it. It is powerful good, and accords exactly with my ideas.

Hodgen and Byford made a fine impression on the Association, and their remarks in the sections of Surgery and Obstetrics were spoken of in the highest terms. I inclose you some extracts of the proceedings to use or not as you choose.

A New Corpuscle in the Blood was the startling title of a lecture by Dr. Norris. He claims to have discovered "a biconcave corpuscle of a higher refractive index than the red or the white," and says that "this corpuscle is the essential factor in the formation of fibrin." He showed photographs of the new corpuscle and descanted at length upon its tremendous bearing. No doubt we shall soon have some lovely theories founded on this biconcave curiosity, and the chances are that at the next meeting of the British Association some other investigator will rise up and squash this same corpuscle, and demonstrate the total impossibility of its existence.

A curious case of necrosis was exhibited by Dr. Hayes, of Tralee. He brought before the surgical section a woman who carried two thirds of her calvarium in her hand. Its place over the brain was supplied by an immense dense cicatrix, without any bone beneath. The woman, in a drunken fit, fell into the fire and cooked her head. The scalp and skull sloughed, the wound healed, and subsequently, while on a spree, she fell out of a loft upon her head, but was not particularly hurt. What can Providence be preserving this woman for when people are so plenty?

I forgot to mention, while speaking of the dermatological section, that in the discussion of lupus it transpired that Anderson, Morris, Squire, Hutchinson, Walter Smith, Stowes, and Thier all considered this disease a form of scrofula. This doctrine I have taught in the University. After a while they will all come to recognize psoriasis and ichthyosis also as scrofula. When dermatologists get to studying and treating diseases with reference to their cause, then the science will advance rapidly in simplicity and usefulness. There is little to hope in this direction from the young specialist who, like the parasites of this membrane, never goes deeper than the three layers of this wonderful corporal envelope. It is to the all-around man, who sees the skin as a part of a whole, which is nourished and diseased in the same way that other portions of the body are, that the profession must look for practical instruction.

L. P. YANDELL.

CORK, August 9, 1879.

ELECTRICITY VS. QUARANTINE.

To the Editors of the Louisville Medical News:

Inasmuch as the yellow fever is the all-absorbing topic of the day, and as theories are following each other in rapid succession apparently only to be exploded—which go to show the almost entire want of an accurate knowledge of said disease further than that it is a fever, and that it assumes an epidemic form, thereby spreading death and devastation in its course. The wisest of our profession have advanced theory after theory concerning the cause and treatment, which, to say the least, are utterly unsatisfactory, and show to the world the humiliating fact that the science of medicine has found yet another disease which has thus far baffled its researches.

Believing that the only manner of obtaining a true knowledge of disease is by experimenting, and hoping to direct the attention of those who have the opportunity to experiment with the above-mentioned agent, I submit this extemporaneous article, which I hope needs no apology.

Taking the germ theory to be the correct one, and that there is a state of incubation or hatching, after having been received into the human system, before development into fever, my idea is to make the attack during that state, and my weapon is electricity; for it is well settled that electricity is antagonistic to germ-life, as has been repeatedly illustrated and proved by actual experiment. Hence, then, why should it not be a conqueror of yellow fever, by destroying the poison in its state of germination? My opinion is that by subjecting persons who are leaving infected districts or localities, with the germs of said fever in the system, for a certain period of time to severe electric shocks, would effectually destroy said germs and thereby prevent their development into such fever. So likewise clothing, etc. might in like manner and with like effect be subjected to electric spray, thereby avoiding quarantines, the great inconveniences of travel and destroyers of commerce. Should this theory prove to be efficient, then with equal certainty and efficiency could the disease be circumscribed and checkmated by subjecting members of families, and even communities, wherein the fever should make its appearance, to systematic and well-timed applications of electricity, thereby destroying the germ as often as deposited, as well as binding and fettering this terrible disease.

Moreover, the same *régime* might also be successfully applied to the atmosphere of a yellow-fever afflicted city, and the same be purified by means thereof, rather than rely upon the more tardy sanitary measures and disinfectants.

This is written not from any knowledge obtained from actual practice or experiments by the writer, nor from his knowledge of the results of the practice or the experiments of others. So it will be readily recognized as a theory put forth merely as such, subject alike to criticism and the fate of so many theories equally plausible. Yet your correspondent is desirous that the same should not be considered either speculative or visionary till after actual experiment and thorough test.

J. W. ADAMS.

BENTON, ARK., August 20, 1879.

[Respectfully referred to National Board of Health.—EDS. NEWS.]

Reviews.

The Yellow-fever Germ on Coast and Inland:

A Discussion on Ship and Railroad Quarantine before the Medical Association of Georgia, Rome, April 18, 1879. By HENRY FRAZER CAMPBELL, M.D., Augusta, Ga., chairman of Committee on Endemic, Epidemic, and Contagious Diseases, in the Board of Health of the State of Georgia.

Before entering upon an examination of this paper I beg leave to express my gratification that Dr. Henry Frazer Campbell, of Georgia, has favored us with an exposition of the germ-theory as the producing cause of yellow fever on coast and inland. Among the cultivators of medical science he has deservedly won an honorable distinction, and from my knowledge of his high abilities I feel very sure that all that can be truthfully said in behalf of the germ-theory for yellow fever will be said by him in a philosophic spirit. I should have been pleased to see the doctrine more cogently presented than Dr. Campbell presents it in this paper; but I feel that the want of that cogency is due more to the inherent weakness of the teaching than the inability of the teacher. In no one of the brochures upon this subject have I found any thing akin to the open, fair-handed dealing that characterizes the labors of Dr. Campbell.

I earnestly wish that a starting-point could be found for this germ-theory; that somewhere within the realms of sober reason, of

sound common sense, an utterance could be made toward which we could gather as to an assured truth. No one has ever yet seen a germ of any kind that we can assuredly recognize as having any thing more to do with the production of yellow fever than with any other of the diversified operations of nature. We know nothing of its form, nothing of its origin, nothing of its mode of operation. We absolutely know nothing of it except that which is asserted, and what right has any one to announce as a truth that which is simply asserted? And when so little is known about the germ of yellow fever, why should there be such an outcry of profession? There is not a science known to men that has been built of this kind of material. But I call attention to the views of Dr. Campbell.

1. Dr. Campbell very strongly states his belief "that yellow fever is not personally contagious." Upon that point he is clear, definite, and precise.

2. Dr. Campbell says: "The origin and propagation of yellow fever is dependent on what may be recognized by its effects as a specific germ—at present hypothetical, but not more so than other forms of atmospheric poisons, malaria, etc."

3. "This germ is an exotic wherever it may be found in any of the localities of this country—probably domesticated in certain localities, as New Orleans, so as to have become feebly naturalized or *quasi* indigenous at times."

5. "As without the specific virus we could never originate a case of small-pox, so do I believe, without the specific germ, no condition, however unsanitary—even did we accumulate filth, piling it up from the pavement to the sills of the second-story windows—would enable us to manufacture a single case of genuine yellow fever."

Dr. Campbell's sixth proposition is in these words: "Though I regard the germ as indispensable to the origination of the disease, I would by no means be understood as abating in the slightest degree the imperative necessity for the strictest purity otherwise of air and water. I can conceive of such purity in the surroundings of a locality into which these germs might be introduced as would fail in giving them the support necessary to their propagation; and it is true that propagation is less active and their decline more rapid in localities where sanitation has been untiringly enforced than in neglected and unwholesome places."

We make one more quotation from Dr.

Campbell before we proceed to examine the footstalks upon which he places the germ-theory. He says: "No single induction of modern and advanced science has been more established, or more constantly and effectually acted on, than that which affirms the existence of morbid atmospheric germs. The entire complement of antiseptic surgery, with its reliable results and brilliant achievements, depends upon this rational assumption, and upon the devising of methods for preventing germ-ingress and for securing germ-destruction. *From this direction it is clear the 'germ-theory' of yellow fever receives a remarkable corroboration.*"

The italics of this quotation are my own. Now, where are the "reliable results and brilliant achievements of surgery" that give any species of corroboration to the yellow-fever germ-theory? I confess that I have read accounts of surgical operations with a great deal of care and attention without finding any of this corroboration. I think that surgery has been quite as marked in its brilliant results without antiseptic measures as with them, and it is a great assumption to claim that carbolic acid has this antiseptic power. But admitting its antiseptic powers, what aid do they furnish us for the assumption that there is any such a thing as "a yellow-fever germ." That is a chimerical dream, resting entirely upon assertion, and without the shadow of reason or logic for its support.

The subject of "the germ-theory" is more ably handled by Dr. Henry Frazer Campbell than I have seen it handled by any one in America or Europe. I have devoted much time to its study, and after all the time spent upon it I have returned from the labor with my hands as empty as they were when I first went to its fountains. The reasoning on it is labored; it is often adroitly and skillfully handled; but it is reasoning by analogy, certainly one of the most unsafe methods at reaching logical and truthful conclusions. Take, for instance, one of the "hypothetical" entities—malaria—referred to by Dr. Campbell. I can take that bad air and run a long list of analogies between it and carbonic-acid gas. Does this array of analogies prove that they are one and the same thing? It is known that they are not; yet I can make more specific analogies between malaria and carbonic-acid gas than Dr. Campbell can make for any thing with his yellow-fever germ. Edmund Burke, one of the profoundest thinkers that has lived, says: "Parallels of this sort rather furnish simili-

tudes to illustrate or adorn than supply analogies from whence to reason. The objects which are attempted to be forced into an analogy are not found in the same class of existence. Individuals are physical beings; commonwealths are not physical but moral essences. . . . Analogy is a resemblance in relation borne to certain other things. A fanciful resemblance is very likely to be mistaken for a real one, and the real resemblance we easily try to push too far. An analogy on one point raises no presumption of an analogy on another point when the factors are essentially unlike." I confess to a very wholesome fear when I attempt—which I rarely do—analogical reasoning.

Nothing is known of that chimera called "the yellow-fever germ." No one ever saw it. No one can speak of it philosophically, because philosophy does not recognize its existence. It is an entire alien, as a matter of course, to the entire domain and the wide-sweeping area of science, because that means what is known. No one knows a solitary law for the birth of a yellow-fever germ, its mode of life, its method of propagation, its actions in the production of disease. Dr. Campbell thinks it is generally an exotic; that it sometimes hibernates, and may become indigenous in some localities. Could knowledge be more indefinite upon any subject? Some of the cases recorded by Dr. Campbell remind one, in the action of the assumed germs, very much of the thimble-rigger—now you see the "little joker," and now you do not see him. Take for example, the case detailed by Dr. Campbell upon the seventeenth page of his pamphlet—the case of a family which fled from Augusta when yellow fever was endemic at Augusta. This family "fled to the sand hills and other safe vicinities." Mrs. C. S. was seized upon her arrival with symptoms that soon developed yellow fever. Her daughter, eight years of age, slept in the same bed with her mother "throughout all the stages of access, culmination, and decline, but the child enjoyed unexceptionable good health." Where were "the germs" in this case? The family returned home after frosts appeared at Augusta.

But I have said enough for an opening. I must be temperate in the amount of space I use. In my next I shall thoroughly examine some of the points made by Prof. Campbell.

T. S. BELL, M. D.

PRELIMINARY lectures begin this week.

The Pharmacopœia of the British Hospital for Diseases of the Skin, London. Edited by BALMANNO SQUIRE, M.B., Senior Surgeon to the Hospital. London: J. & A. Churchill. 1879.

This is a valuable book of eighty pages. It gives a collection of the various preparations used in the great British Hospital for Skin Diseases. To believe that the endeavor of the editor "to attain a simplicity in the formulæ and a conciseness in the directions" has been accomplished, one should see the work to appreciate. It is well arranged, the classification is admirable, and the index a very full one. To the practitioner in skin-disease it will be a desirable companion.

Formulary.

Our attention has been called to a mistake made in one of the prescriptions copied into this journal two weeks ago from Goodell's *Lessons in Gynecology*. Instead of a dram of the acid solution of arsenic (liq. arsenici chloridi) an ounce was given. We give below the formula corrected, and we would be obliged to our readers to make this correction in their journals:

R Hydrarg. chloridi corrosivi.....	gr. i-ij;
Liq. arsenici chloridi.....	fl. ℥ j;
Tinct. ferri chloridi.....	} aa fl. ℥ iv;
Acid. hydrochlorici dil.....	
Syrupi	fl. ℥ iij;
Aquam, ad.....	fl. ℥ vj. M.

Sig. One dessertspoonful in a wineglassful of water after each meal.

Miscellany.

RELIGIOUS FAITH AMONG MEDICAL MEN. The London *Lancet*, in an article on The Spiritual in Man, suggested by a confession of his faith in Christ left for publication by Dr. Tilbury Fox, says:

The time has come to speak out boldly on this subject, and we are persuaded the good sense and self-respect of the profession will approve the protest against that spirit of restless antagonism to the claims of religion which has unhappily obtained fuller expression in a small section of our ranks during the last few years, and which, if not repudiated, must be expected to increase. The position we assume in reference to this matter is one which may easily be defined. We are not the apologists of

any special creed, but we say faith is a rational and natural form of mental activity. The religious instinct is an essential part of man's nature. There is a distinctly spiritual side to his character. The existence of hopes, fears, and aspirations—call them susceptibilities only, if one prefers the term—is in itself evidence that there are spiritual surroundings and subjects of thought which call these forms of energy into existence. It is scientifically possible that not one of the forms of belief extant may be true to fact, and yet the existence of faith proves conclusively that there is subject for faith.

It is not philosophic to affirm that nothing exists or can exist beyond the scope of our observation. It is not rational to believe that man has been imbued, as we find him imbued, with a longing for personal immortality, without the existence of a future state which has called forth and will hereafter justify his aspirations. Nor is it scientific in a practical sense to consider the intellectual development of human nature complete without the manifestation of a religious element in the character. He is not of sound mind who has no cognizance of the spiritual part of his own nature. We make this assertion without hesitation and in full view of the puerile remark it may provoke. We deny that faith is a pure figment of the imagination, and that the religious emotions are simply visceral in their origin and nature. We take our stand upon the broad basis of fact, and find faith, religion, and a spiritual phase of the human intellect falling within the compass of the mind. Moreover, we find the moral character largely influenced by the motives and impulses that spring from without. In the face of these evidences we can not but recognize the value and importance of earnest views of life and the future.

It is therefore with sincere satisfaction we observe the effect which has been produced by the posthumous confession of a simple Christian faith promulgated in these columns at the request of the late Tilbury Fox. We venture to hope it is only the formal expression of belief which has constituted the notable feature of this case. The faith exceptionally expressed is, we are glad to believe, widely cherished. There would seem to have been a feeling prevalent in the medical profession of late years that men of our cloth should avoid the avowal of their personal sentiments on religious subjects. We agree that the physician should not usurp the functions of the minister of religion, but he is

forbidden by the spirit of manliness to take refuge in the opposite extreme of moral cowardice with a pretense of indifference. Men engaged in the ministry of medicine in the chamber of sickness and by the bed of the dying must needs have solemn experiences, and there is doubtless a tendency to arm the sensitive nature and conscience against the pathetic appeal of scenes in which we are professionally engaged. Against this leaning toward an assumed and artificial state of apathy it is necessary to guard. The dying confession of our friend and colleague may help some to take up a better and a healthier position in regard to subjects of the highest and most enduring concern.

The use made of the incident to which we have alluded by clergymen and ministers of every denomination is to be commended, albeit some of the remarks offered have been marred by sneers at the medical profession, which we feel to be undeserved, and therefore discreditable. It remains to hope that others will find in the few telling sentences left upon record by Dr. Fox an occasion for equally wise and generous comment. For ourselves and the profession as a body we claim to be considered as having neither part nor interest in the speculations of men who mistake a spirit of sententious skepticism for scientific zeal and acumen; and who, by the restless energy of their enterprise against religion, and their unwearied anxiety to deprive man of his hope beyond the present, are unwilling witnesses to the truth they assail, the unconscious contributors of a living testimony to a faith they despise. Such short-sighted laborers in the field of science, blind to all that lies around and outside the circle of a narrow vision, may be good and true workers within the limits of their enterprise, but they err egregiously in closing their eyes to every thing beyond.

AN ALLEGED CURE FOR RATTLESNAKE-BITE.—Myron G. Collins, of Tennessee, claims to have discovered a cure for rattlesnake-bites. Drs. Eve and Shacklett, of Nashville, according to the American, made a test of the medicine. Collins let a rattlesnake bite him on the wrist, and at once applied to the wound and took inwardly a decoction of mosses from oak and hickory trees. He suffered from nausea, and his pulse and temperature were excited, but within an hour he had completely recovered. The bite of the same reptile speedily killed a dog.

HOW WE CATCH COLD.—This pertinent question is just now engaging attention. There is another question which should be answered first; namely, What is *cold*? The old idea of a "chill" is perhaps nearer the truth than the modern notion of a "cold." The hypothesis would seem to be that a "cold" is something more than a cold because, it is said, "You do not catch cold unless you are cold." The fact is, there are probably as many diverse occurrences grouped and confounded under the generic title of cold-catching as diseases covered by that popular term fever, which is made to comprise every state in which the pulse is quickened and the temperature raised. By a parallel process of reasoning "cold" ought to be limited to cases in which the phenomena are those of a "chill." When a person "catches cold," either of several morbid accidents may occur: 1. He may have such a chill of the surface as shall drive the blood in on the internal organs and hamper some weak or disorder and influence some diseased viscus; 2. The cold may so impinge on the superficial nerves that serious disturbance of the system may ensue and a morbid state be set up; 3. The current of air which causes the cold may in fact be laden with the propagating "germs" of disease; or, 4. The vitality of the organism as a whole or of some one or more of its parts may be so depressed by a sudden abstraction of heat that recovery may be impossible or a severe and mischievous reaction ensue. The philosophy of prevention is obviously to preserve the natural and healthy action of the organism as a whole, and of the surface in particular, while habituating the skin to bear severe alternations of temperature by judicious exposure, and natural stimulation by pure air and clean water, and orderly habits of hygiene and health.—*London Lancet*.

BLEACHING sponges without injuring the texture may be done very nicely by first soaking them in a solution of muriatic acid made by adding a pint of acid to a gallon of water. This dissolves out the limestone, shells, etc. After this rinse thoroughly, and immerse the sponges in a solution of permanganate of potassa containing an ounce of the latter to a gallon of water. Wring out the sponges, and put them into a solution made from one pound of hyposulphite of soda, one gallon of water, and one ounce of muriatic acid. This will bleach immediately, after which they should be well washed with water to remove all traces of acid, etc.

Selections.

TREATMENT OF THE NIGHT-SWEATING OF PHTHISIS.

William Murrell, M. D., M. R. C. P., Lecturer on Practical Physiology at the Westminster Hospital, Assistant Physician to the Royal Hospital for Diseases of the Chest, in London Practitioner:

Sweating occurs in phthisis from two causes—weakness and fall of temperature. When the sweating is due to weakness it may occur at any time, day or night, and is excited by apparently trivial causes. The sweating from fever usually occurs at about three or four in the morning, when the temperature is lowest. These two varieties of sweating may and often do coexist. The greater the weakness of the patient and the greater the diurnal range of temperature the more profuse the sweating. By checking the sweating the strength of the patient is economized, by preventing, as Dr. Fothergill suggests, the loss of the large quantities of salts which escape with the sweat.

I. Oxide of Zinc in Night-sweat.—Probably no remedy has been more extensively employed in the treatment of the night-sweating of phthisis than oxide of zinc. The estimation in which it is held will be gathered from the following extract from Williams's work on Consumption: "The medicine we have found to act almost as a specific on night-sweats is the oxide of zinc in doses of two or three grains in the form of a pill at night. This we have given ourselves and seen others give to thousands of patients, and the good results have generally been so prompt and lasting that in few cases has it been necessary to continue it for any lengthened period."

Oxide of zinc has been so long in use that the origin of the treatment is almost lost in obscurity. It appears that as far back as 1837 Dr. Busse, of Berlin, recorded the case of a gentleman who, after taking a scruple of the oxide daily for some months for epilepsy, became cold and shriveled and his skin like parchment; but this observation attracted but little attention. Some years later the property of drying the skin was noticed by the late Dr. Robert Dickson, of the Hospital for Consumption at Brompton, in some patients to whom he administered it as a general tonic and for diarrhea, and this led him to give it with a view of checking nocturnal perspirations. Mr. Vertue Edwards, the well-known resident officer at the Brompton Hospital, gave the new remedy an extensive trial in some patients under the care of Dr. John Hutchinson, of spirometer fame, who had temporary charge of the wards. The treatment was then adopted by the late Dr. Theophilus Thompson, who, in a lecture delivered in the spring of 1851, says, "No remedy which I have as yet employed has exercised so uniformly favorable an effect in moderating the perspirations." But he adds, "The preparations of zinc occasionally fail to accomplish the object, and in some instances after succeeding for a time lose their power." Many papers have since been published confirming these facts, but they have thrown no additional light on the subject.

The oxide of zinc is usually given at bed-time in from five- to ten-grain doses made up into pill with extract of henbane or conium. The hyoscyamus is said to prevent sickness, and probably exercises an influence allied to that of its more powerful congener, belladonna. The oxide is sometimes given in powder, but in this form is not unlikely to upset the

stomach. It must be admitted that even in large doses it not unfrequently fails; some writers say in nearly a third of the cases. I have used it very frequently, but have no notes available for statistical purposes. It is said to check other forms of pathological sweating, as in intermittent fever and acute rheumatism, for example. Sulphate of zinc in two-grain doses will often check the sweating of phthisis, but it has no advantage over the oxide, and is seldom used for this purpose. How the zinc salts act in these cases is not well understood, and our knowledge may be summed up in the vague statement that they are "astringents."

II. Atropia in Night-sweat.—Dr. Milner Fothergill, in an interesting article recently published in the Practitioner, says: "The most potent of all anhydrotics in my experience is unquestionably belladonna. We are indebted to Dr. Sidney Ringer for our knowledge of this property of belladonna, and the debt we owe him can only be sufficiently estimated by those who have an extensive experience of phthisis, and who give the drug a fair trial. I have no hesitation in saying that the use of this agent completely changes the aspect of many cases of pulmonary phthisis. For the arrest of the exhausting night-perspirations of phthisis belladonna is as potent as digitalis is in giving tone to a feeble heart." Dr. Ringer was led to try the influence of belladonna on sweating from the remarkable power it exhibits of checking the secretion of milk when applied to the breast. Soon after the publication of his papers I made at his suggestion some observations with the view of testing the value of hypodermic injections of small quantities of atropia in checking the sweating of phthisis. The drug employed was the sulphate, the dose from $\frac{1}{200}$ to $\frac{1}{100}$ grain. The conclusions were arrived at as the result of experiments made on sixty patients, who were seen at least twice a day, morning and evening.

Age, sex, and temperament in no way influenced the results obtained; the injections were successful in men and women, in young and old.

The presence or absence of fever did not influence the result. In nearly all the cases there was some elevation of temperature; in some it was but little above the normal, while in others it ranged from 102° to 103° F., or even higher.

The beneficial effects of the treatment are not confined to any particular stage of the disease.

The presence or absence of debility does not affect the result; in some cases the patients were in bed, suffering from great prostration, while in others they were well enough to be out of doors the greater part of the day.

The fact of the perspiration having or not having commenced at the time of the injection is of no importance. In a case in which the patient was perspiring very profusely over the whole body an injection was given; in five minutes the perspiration was very much less, and at the end of half an hour his skin was quite dry.

The benefit derived from the injection lasts in most cases for several nights, so that it need not be repeated every day. An injection once a week or once in ten days will often suffice to keep the perspiration in check.

In many cases the effect of the drug is delayed, no benefit being experienced on the first night; but on the second and succeeding nights the sweating is completely checked. The beneficial effects of the drug, when lasting several nights, appear to pass off

gradually, the perspiration coming on earlier and earlier every night. Thus it was noticed that $\frac{1}{100}$ grain given at bed-time would often produce no effect that night; on the next night, no further injection being given, the perspiration would be completely stopped; on the third night the patient would be free from perspiration till five or six in the morning; on the fourth night it would begin at two or three in the morning; while on the fifth and subsequent nights it would be as bad as ever.

It is not essential to give the injection at bed-time; in fact, in some cases when the action of the drug is required on any particular night, the earlier in the day it is given the more likely it is to prove successful. Sometimes too when the drug is given at bed-time partial relief is obtained on that night, while on the second and subsequent nights the full effects of the drug are experienced.

The injection of atropia has been used with success where oxide of zinc, gallic acid, and other drugs have been tried in vain. The $\frac{1}{100}$ grain will often succeed where $\frac{1}{200}$ grain has failed. One injection may completely stop the perspiration; and although the patient remains under observation for some weeks, there is no complaint of its return. These cases are not common, but it not unfrequently happens that after a few injections the perspiration, although not completely stopped, is checked to such an extent as to render further treatment unnecessary. An injection of atropia will often relieve cough when in excess of the amount of expectoration, and thus enable the patient to obtain a good night's rest; but it is not only in this way that the perspiration is checked, for night-sweats are benefited when there is not much cough and the patient sleeps well. Patients rarely complain of any unpleasant symptom even when the larger dose is given. Dryness of the throat is a condition so common in sufferers from phthisis that any increase in this symptom, unless very marked, will pass almost unnoticed.

The number of cases in which marked and permanent benefit is not derived even from these small doses does not amount to more than eight or ten per cent. The observations having been made for experimental purposes, the drug was given hypodermically; but in practice it would be found more convenient to give it by mouth in a proportionately larger dose. It may be given in pill, or in solution, or in granules. It is stated by Dr. Aquilla Smith that a solution of sulphate of atropia in camphor-water (made with distilled water) will not spoil by long keeping. As to the dose, Dr. Fothergill usually commences with $\frac{1}{75}$ grain by mouth, and increases it to $\frac{1}{25}$ grain. Speaking from a large experience of the drug, he finds that it may be freely used without apprehension as to any serious toxic effects appearing. "Even with $\frac{1}{25}$ grain of atropine the patients," he says, "do not complain much; some dryness of the throat and a little indistinctness of vision being all; while all prefer these to their dreaded sweats. These effects wear off in a day or two after the drug is discontinued or even the dose reduced. I have not yet seen any alarming symptoms produced. This I attribute to the gradual increase of the dose; and I have but little doubt that if $\frac{1}{25}$ grain were given at first many cases would show marked toxic symptoms." Dr. J. M. Williamson mentions a case in which the eightieth of a grain given by mouth produced severe symptoms of poisoning. M. Vulpian employs granules each containing half a milligram (about $\frac{1}{30}$ grain).

Atropia will stop other forms of sweating, such as the sweating of acute rheumatism, prolonged suppuration, convalescence, etc. Atropia and belladonna check sweating by a peripheric action on the sweat-glands, but it is not unlikely that they have also a direct central action.

III. Gallic Acid in Night-sweat.—Gallic acid is a useful remedy for night-sweating. It is especially indicated when the patient also suffers from slight but frequently recurring hemoptysis or from diarrhea. It is best given in a ten- or fifteen-grain dose either at bed-time or three times a day. It is often made into pills with extract of hyoscyamus, the henbane in all probability exerting its own specific influence.

IV. Quinine in Night-sweat.—Quinine is another useful remedy. It proves of most avail when there is a considerable rise of temperature at some period of the day. It is frequently given in two-grain doses, but five grains are much more likely to succeed. A large dose (eight or ten grains) administered at once or in portions repeated hourly is a good form. A night-draught composed of quinine, sulphate of zinc, and sulphuric acid is also useful (Ringer). It has been suggested that quinine checks profuse perspiration by depressing the vaso-motor dilating nerves, and so contracting the blood-vessels. This explanation is probably incorrect.

V. Iron in Night-sweat.—The different preparations of iron have long been used in the treatment of pathological sweating. Sir Thomas Watson says: "I have frequently succeeded in checking the wasting sweats of phthisis by the tincture of perchloride of iron, given in doses of twenty minims thrice a day, after other expedients had failed me. Steel-wine, the ammonio-citrate of iron, the syrup of its iodide, are all good and eligible forms." Reduced iron made up into five-grain pills often succeeds admirably. In a case recently under observation it stopped the sweating after Dover's powder and oxide of zinc had failed. The patient—a young man—had softening at both apices, and had suffered from profuse night-sweats for six or seven weeks. He took Dover's powder nightly for five weeks, the dose being gradually increased from one to fifteen grains without any improvement. During the next three weeks he took ten grains of oxide of zinc every night at bed-time, with very little benefit. He was then ordered two five-grains reduced iron pills nightly, and in a week the sweating had almost ceased. The great disadvantage of iron is that in many cases it is not well borne. Too often it increases the cough, occasions headache and heat of skin, and distresses instead of relieving the patient.

VI. Nitrite of Amyl in Night-sweat.—I have recently made, at Dr. Ringer's suggestion, some observations on the influence of nitrite of amyl on the night-sweating of phthisis. The patients were seventeen in number, all adults—thirteen men and four women. All stages of the disease were represented; in some cases there was considerable elevation of temperature, while in others the lung mischief was latent. The majority of the patients were seen daily for some weeks, and some were under observation for three months. The medicine was given internally at bed-time, the dose varying from a half to three minims. For convenience of dispensing, a one-in-ten solution in rectified spirit was usually employed, but in some cases the amyl was given in suspension in water or on sugar.

In three out of the seventeen cases no benefit was experienced from the treatment. These patients were

all men. One had suffered from profuse perspiration all his life, not only at night, but also in the day-time, and he was covered with moisture on the slightest exertion even in the dead of winter. The amyl was given nightly in minim doses for a fortnight without checking the perspiration in the slightest degree. He had previously been treated unsuccessfully with oxide of zinc, hypodermic injections of atropia, and other drugs. On one occasion he was freely rubbed all over with belladonna liniment till his pupils were fully dilated, but the sweating continued as before. The second was a case of advanced phthisis, in which the amyl was given nightly for a fortnight in doses varying from one to three minims, without benefit; oxide of zinc subsequently failed. In the third unsuccessful case the patient had hemiplegia and tertiary syphilis, in addition to his lung mischief. The amyl was taken in drop-doses for eight nights, and seemed rather to increase than to diminish the amount of perspiration; in this case too oxide of zinc was given without benefit.

In the remaining fourteen cases the treatment was successful. The most striking case was that of a young man who had suffered severely from night-sweating for six weeks. A single dose of the amyl stopped them at once and completely for a fortnight. The perspirations then returned, and a single dose again kept them in check for a fortnight. For a third time this was tried, and with like result. It may have been a mere coincidence, but it certainly appeared to be the result of the treatment. In the majority of cases the treatment was less successful. Usually on the first night little or no benefit was experienced; on the next night the perspiration was less; and it gradually decreased in severity night by night till at the expiration of a fortnight it had nearly if not wholly ceased, and the patient was able to discontinue the medicine. At the expiration of about a week the perspiration would return, and it would be necessary to give the medicine again. One of these patients had renal disease in addition to the lung mischief, and another had frequent hemoptysis. The others were simple cases of phthisis. Most of them were able to take outdoor exercise, but two or three were confined to bed.

Nitrite of amyl is a good remedy for night-sweats, but for promptness of action is decidedly inferior to atropia and other remedies.

VII. Local Applications for Night-sweat.—Dr. Druitt finds that in the night-sweats of phthisis sponging with hot water gives relief, especially if the perspiration begin, as it often does, on one special part of the body by preference, as the chest, hands, or feet. By hot water is meant water as hot as can be borne without pain. It may be used by sponging or immersing, and must be continued till the parts treated are hot, red, and tingling with heat—almost scalded, in fact. A good wipe with water at 130° is easily borne; for immersion the heat must be less; but the feelings are the only guide. Dr. Druitt also recommends this mode of treatment when there is a general tendency to perspire to a distressing degree in hot weather, the patient being in good health; and also when there is a tendency to distressing perspiration of some particular part, as the axillæ, hands, feet, etc.

Dr. Robinson Hill recommends sponging the chest with salt solution at bed-time. He finds that in many cases it arrests the night-sweats most completely and satisfactorily.

Sponging the chest and limbs at bed-time with

aromatic vinegar and water is also useful, but has its disadvantages. Dr. Elliotson speaks well of a mixture of sulphuric acid and water—a dram to the pint—as a wash.

The application of belladonna is useful for local sweatings, but when the sweating is general the internal administration of atropia is to be preferred.

Toad-stool Poisoning.—On Tuesday, September 18, 1878, a gentleman called at my office and introduced himself as Mr. W., of Chelsea. After a little conversation he said that he had been poisoned by toad-stools, became quite faint, and then stretched himself on my sofa. His face was very pale, almost a livid gray; its peculiar ashen shade was noticed by my wife from the opposite end of the hall. His story was that on Sunday evening he picked a quantity of white puff-balls and also *one* other mushroom. This was a white-gilled, yellowish-topped specimen. The top had warts or scurf on it, and the stem a bulbous base, which latter he cut off, and cooked the remainder. He stewed this and the puff-balls in milk, with the usual seasoning. There was no burning or strange taste to the mushroom, either raw or after cooking. The stew was eaten by a family of five persons, no two of whom were affected exactly alike. The youngest—a boy of eight years—took about a dozen tastes on Sunday night, and ate about the same as the father on Monday morning. Monday evening, twenty-four hours from first dose, his bowels were active; otherwise no ill effects were felt. The stew acted simply as a generous but mild cathartic. A daughter—a girl of eleven years—tasted a little on Sunday, and ate her portion for Monday's breakfast. She experienced during the forenoon a slight but very peculiar headache; also some diarrhea, and no other symptoms. Another daughter—a girl of thirteen years—tasted it on Sunday night, and ate about the average on Monday. From nine to three Monday she had a peculiar, throbbing, severe headache; no other sickness, no nausea, and no diarrhea. The mother scarcely tasted any on Sunday, but ate plentifully for breakfast on Monday. The milk left in which the fungus had been stewed—say two gills to a pint—Mrs. W. drank. In less than an hour it operated as a Seidlitz powder, producing the most violent diarrhea, and (she says) seemed to pass right through her. She had a bad-feeling head for five hours—not exactly a headache. Wednesday, a little of the same feeling in her head. Otherwise no ill effects. Mr. W. ate a piece of the stem *raw* on Sunday night, and did not eat quite so much stew as the rest of the family on Monday morning. He felt nothing from the poison until Tuesday morning at one o'clock, or the night prior to his call on me—say thirty hours after the first dose, seventeen hours after the full meal. He was taken with colics and violent purging, and went to stool some four or five times in quick succession. When he saw me he was feeling weak, nauseated, with no appetite, and was very pallid. He had occasional pains which, from his description, I thought similar to those of bilious colic. I asked him if either whisky or olive-oil was offensive to him when in health. On his answering "No," I gave him a tablespoonful of each mixed in one wine-glass, which he took. Before he left the office he said he was feeling much better. He called again on Thursday, and said that he was at that time all right. Tuesday afternoon he had had two or three attacks of the same kind of colic, but so slight that

he did not think them worth notice. Wednesday morning, or forty-eight hours after the full meal, he had a peculiar and violent headache, which went off about ten in the forenoon, since which he had felt well. He thought the family would let toad-stools alone in the future. No remedial measures were used in either of the above instances, except the dose administered by the writer.—*J. A. Palmer, jr., in Bost. Med. and Surg. Jour.*

The Treatment of Hemorrhoids.—F. P. Atkinson, M. D., in London Practitioner:

A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course local treatment by itself is of little use, inasmuch as while the cause remains any benefit that may be obtained can only be partial and temporary. As far as I can see hemorrhoids are to be divided into three classes, viz. acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel-dusting is something wonderful, and that relief is more quickly gained from this than any thing with which he is acquainted. He considers that it acts in a twofold manner, viz. upon the liver and at the same time as a local sedative. Sponging also with hot water gives a good deal of ease. If this treatment prove inefficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the center of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute. To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, and an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he, it appears, got the hint from an old nurse by seeing her apply some tarred rope. *Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed toward altering the particular mode of living which has brought about the abnormal condition. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; while the object of the *medicinal treatment* should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the Practitioner of January, 1878, upon the use of glycerine internally in these cases, but I do not think that it has any specific action upon the hemorrhoids themselves. The improvement which he says takes place is, I fancy, in all probability simply due to an increased action of the bowels which it produces. Confection of senna is a particularly useful and by no means unpleasant aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at

night, with a dose of effervescing Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark that I can not speak too strongly with regard to the effects of the pitch ointment, for I feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

Treatment of Tapeworm.—Dr. John Bartlett, in Chicago Medical Journal and Examiner:

The male fern in the form of ethereal extract sometimes does well. Dr. Groesbeck, who reports four successful cases with it, gives one dram of the imported extract at 9 A.M. and one at 10:30 A.M., in a cup of milk, on an empty stomach. Others have used it in this way with like success. My experience with this remedy is not so favorable. It seemed in some cases to act quite promptly and to expel the worm broken in many pieces, but in three such trials the worm re-formed.

Some give with success large doses—four and even six ounces of pumpkin-seed in emulsion. I have prescribed it several times in these doses with very little disturbance to the patient and with the effect of bringing the worm entire *except the head*. For delicate persons and for children it is the least hurtful of remedies, and it is as efficient as some more irritant articles. As a tentative means for determining whether tapeworm exists it is the best remedy. It can be made rather pleasant to the taste, and it is not irritant to the stomach. I give it in two doses two hours apart, followed in six hours by castor-oil and honey.

In conversation with physicians as well as patients I have found no remedy to be used with so much confidence as kousso. But whatever article is given care should be taken by the physician to thoroughly advise his patient how to take the medicine and how to antagonize sickness. Instructions should be most emphatically given to him to this effect: "It is idle for you to take this medicine without following my directions exactly. Remember when you have an operation to use a clean chamber, and after the evacuation note if the worm be passing; if so, do not attempt to pull it out, but lie down on the floor beside the vessel till another operation occurs; or if one does not occur take a large injection once, twice, three or four times, using, if you have it, doses of the worm-medicine with the water. If the worm does not pass send for me, letting it hang from you till I come. If circumstances render it necessary to remove the worm draw upon it slowly and steadily. If once it is started never stop the motion; this would give the head opportunity to renew its hold. Keep pulling till the very fine neck appears, and then repeat the injection; and while the bowel is full of water, and if possible at the instant when its contents are discharged, draw again upon the worm, when it quite often will be washed out entire. Don't forget, while you are waiting with the worm protruding, to place something upon it, as the cover of the chamber; otherwise it may go back. When the worm is evacuated make certain that no one empties the chamber before I come. Do not, out of idle curiosity, lift the worm up with a stick or stir it; you may in this way break off and lose the head."

The better plan in the treatment of any case is to choose some day on which one expects to be comparatively at leisure, and to call often to note how the patient gets on.

It is commonly taught that it is better to give a purgative the night before the vermifuge is taken. I have often followed this practice, but I have discontinued it except in cases where constipation exists. The object in giving this preliminary purgative was to empty the bowels, so that the vermifuge might come more directly in contact with the worm; and also to render the intestines more sensitive to the cathartic action of the medicine. Experience has caused me to believe that the evacuation of the bowels does not render the worm more exposed to medication. On the contrary the feces in the normal condition being virtually insoluble in the medicines given, do not dilute them, and by occupying space in the bowels they actually leave less opportunity for the worm to escape the poison intended for it. Again, if the bowels be irritated overmuch by the preliminary purgative, the vermifuge acts so promptly in some cases that it seems to pass from the intestines before the worm has been exposed to it sufficiently long to secure its destruction.

When the action of the remedy is most satisfactory the parasite comes *en masse*, in such volume as to cause the patient to be aware of something unusually large passing. Invariably the worm has been so tied into knots that I have not had the patience to disentangle it.

It sometimes occurs that in the *dernier ressort* of delivering the worm by force, when it has been advancing in a promising way, it suddenly ceases to pay out, leaving the sensation of a decided and rude obstruction. In some of these cases I am satisfied that the mass of the worm in a knotted condition has been pulled down against the sphincter and is there arrested. It might be brought out by an injection; but that failing I would introduce the finger with the hope of encountering the mass and with a purpose of turning it out, as one removes a placenta from the womb after abortion.

Sometimes when attempting to withdraw a worm it seems that part of the resistance is due to the clamping of the anus on the body of the parasite. In such a case the sphincter might be distended to advantage with a suitable instrument, as a pair of bullet forceps.

When the worm is passed, if there is reason to believe that any medicine remains in the stomach—if, for instance, we have within the past two hours given a dose, and if the patient be distressed by it, as by nausea, colic, oppression of the head, etc.—we should cause vomiting by simple means, as by draughts of warm water, titillation of fauces, etc., with a view of shortening the distress of the patient.

The detection of the head, if it be yet upon the worm, is seldom difficult. Generally it may be recognized in one minute by holding the worm in the hand after washing in clean water, and this by tracing down the fine neck till the head is reached. Occasionally, on account of its resting in a fold of larger portions of the worm, the head has escaped observation for some minutes. It is better where difficulty is experienced to place the parasite on a marble slab or large dish, and proceed regularly to go from one end to the other, looking all over both surfaces of every segment, lest the head may have been detached by violence and still remain adherent to some portion of the body. In case the worm is broken into pieces there is no way to find the head but by straining the entire contents of the chamber through a coarse cloth. This is a most unsatisfactory plan, as there exist in the discharges numbers of objects which to a provoking degree resemble either the neck or head.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII.

LOUISVILLE, SEPTEMBER 13, 1879.

No. 11.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE findings of the court-martial, which so many years ago dismissed Dr. Wm. A. Hammond from his position as Surgeon-general of the United States Army, have been reversed, and Dr. Hammond is restored to his rank, being placed on the retired list. The history of this whole affair will form one of the most curious chapters in the annals of medicine; and not the least curious fact connected with it will be that Dr. Hammond, after what might have been supposed to be a crushing blow, set himself manfully to work, and rose steadily as an author and practitioner to a position seldom before occupied by any member of the profession. He is credited with having made as much as sixty thousand dollars in one year at his profession.

DR. L. P. YANDELL will turn his face homeward on the 20th of this month, expecting to arrive in Louisville during the early part of October. Our readers will be gratified to know that Dr. Yandell has while abroad kept steadily in view the interests of the NEWS. Besides a number of first-class original articles, he has secured correspondence from one of the first writers of Great Britain, to be sent to us regularly from London. Dr. Y. at last accounts was in Paris, where also he will make arrangements for regular letters.

AT St. Louis a new medical college—the "College of Physicians and Surgeons"—starts this fall on the basis of preliminary examinations and high scholarship.

VOL. VIII.—No. 11

THE year 1879 will be noted as the one in which the "Pinafore" idiocy struck the country. New York laughed because London was supposed to laugh (in fact it only smiled at what was a local hit), and the provinces roar because New York laughs. The "opera" did not deserve to last a fortnight, but the mightiness of advertisement drives it a twelvemonth, and still the misery does not abate. The impending calamity of another "season" induces even a medical journal to take the matter up, although it might well have discussed it under the head of epidemic dementia.

THE indications are that there will be a large crop of medical students for the session of 1879-80. The Cincinnati Lancet and Clinic mentions the fact that in spite of advance in fees the classes in Cincinnati so far do not fall in number below the extraordinary count of last year. In Louisville the preliminary term in the several schools opens more successfully than ever.

DR. SAMUEL A. FINLEY, ex-Surgeon General of the U. S. Army, died this week at his residence in Philadelphia, aged eighty-two.

ONE can not be too particular with his directions. A messenger came to B. saying that one of his lady patients was suffering horribly from a bug which had gotten into her ear. B. was engaged at the time, and could not go to the patient, but sent word to "pour some oil in her ear." In a short time back came the messenger to ask "which ear."

Correspondence.

LONDON LETTER.

My Dear News:

This day one month I shall embark on the *Bothnia*, the trusty Cunarder on which I came hither, for America; and I assure you that in this instance, as in many others in my experience, the greatest pleasure connected with my travel is that of getting home. Tomorrow I go to Paris for a week or two, and then I shall return to London to finish some hospital work and to bid adieu to my many kind and delightful friends.

The Children's Hospitals.—Each of the London hospitals has a separate ward and a daily dispensary for these little people, but besides this there are more than half a dozen hospitals exclusively for sick children. I have visited the chief hospitals and dispensaries where these unfortunates are brought, and have been afforded every facility by the attending and house physicians for seeing and studying the abundant material of this kind furnished by London's innumerable poor. The in-patients are chiefly surgical cases, and scrofula forms the chief source of their diseases. Of course there are catarrhal, diphtheritic, rheumatic, syphilitic, and malarial cases, and not a few due to inanition, but most of the in-patients are there for scrofula in one form and another. In the out-patients, as in America, the chief source of the acute cases is malaria and the chief source of the chronic cases is scrofula. In the out-patients there are many cases of syphilis, but I see far less infantile syphilis in London than I have seen in France and Germany. Scrofula is the scourge of England to-day. Once the plague was terrible here, and leprosy carried off thousands of English people; but drainage and increased and improved food have banished these diseases. Malarious affections, which in times past were as rife in Great Britain as they are now in the unhealthiest parts of America, are much diminished in abundance, and especially are lessened in virulence by the careful surface- and under-drainage that have been almost universally carried out. Smallpox, which a hundred years ago attacked every body, is now seldom seen. Scurvy, which carried off its thousands of victims annually till Captain Cook discovered the antiscorbutic property of fresh vegetables, is now almost unknown; but scrofula was probably never more widespread than at present. Its source, or at least one of its chief sources,

is patent to the most careless observer. The English do not get enough fat, enough oleaginous food. This is partly due to the scarcity and costliness of butter, etc., but it is largely due to the popular prejudice against "greasy food," and I am sorry to say this false prejudice is largely shared by the medical men. The profession and the people of the British Isles have yet to learn that fat, oil in some form, or fat-making materials, are just as necessary to human health as oil is to machinery. But, sad to say, not only do the people not get enough fats, but thousands upon thousands get almost no meat, and not a few are even without bread enough to keep down the gnawings of hunger. The other day an old laborer, seventy-six years old, who had been without work for two weeks, and almost famished for food, cut his throat with a razor. He was discovered dying, and in reply to the inquiry why he did the deed he said, "Because I can get no work, and I have no home, no food, no friends, nowhere to go." The sapient coroner's jury brought in a verdict of "suicide while temporarily insane." Not only the aged, but the people of middle life and the young lack and suffer hunger in London; and hunger breeds disease.

By the way, have you noticed in the journals the statement that alcohol, malaria, and starvation all lead to fatty degeneration, as shown by post-mortem investigation? Last year, in one of the English dependencies in India, half the population of natives starved to death, and the English surgeons had a splendid field for post-mortem studies.

One word more about oleaginous food. At the very best English dinners not only is there no butter upon the table, but the vegetables are cooked in plain water, and not a drop of drawn butter is served upon them. Except a bit of fat that you may get with your meat and the oil on the salad, your food is clean of all grease. This is very bad, and Sir Henry Thompson, in two essays upon dining published in the Nineteenth Century, mildly calls attention to the evil.

English Drugs.—In nothing is London worse off or more behind the times than in her pharmaceutical preparations. The other day I wanted some citrate-of-iron and quinia pills, and I was told at one of London's chief retail establishments that pills could not be made of cit. fer. et quinia, or rather that no way could be devised of preventing their running together. Finding argument and instruction useless, I suggested capsules. Posi-

tively I do not believe the people of the shop had ever seen a capsule. At any rate they were utterly ignorant of them, and declared they are never used over here. Having no fancy for a solution of ferri et quinia cit., which I was assured was the only proper way to take the medicine, I asked for dialysed iron, and the article presented was simply shameful. In color it was correct, but it had not one other physical property of dialysed iron. Instead of being bland and smooth to the taste, it was rough and astringent; and instead of being neutral, it was excessively acid and put the teeth on edge. I asked for Wyeth's dialysed iron, which is always perfect, but they had none. At several places—all in the West End, the fashionable and rich part of London—I have tried the dialysed iron, and without an exception it is vile and abominable. True dialysed iron has little more taste than blood; slightly diluted it tastes quite like blood. I am sorry to say that so far as my travels have extended, in America and in Europe, I have found genuine dialysed iron the very rarest of medicines. Pure it is one of the best ferruginous preparations yet discovered. As it is commonly found in the shops it is nasty and without merit.

The Mortality of London.—No more interesting and important matter has come under my observation during my sojourn abroad than the extraordinary health of London during the past six months. I have on two previous occasions alluded to this subject, but it can not be too much written about. This summer was cold and rainy, and the death-rate was 17.7 per thousand. Last summer was hot and not very wet, and the mortality was 24.9 per thousand. In the corresponding six months of last year 10,250 deaths occurred. This year only 7,357 died. Of the lives thus saved 2,628 were children under five years of age. Can any one who loves children—and does any one not love them, especially if he has children?—fail to ponder over this striking statement? These figures are published in the medical and popular journals. Since July death has been more busy. Why? Because there have been more sun and heat and less rain. The six months preceding July were the wettest and coldest six months since 1860. July was hotter than May and June, during which months the mean temperature was 56° and a trifle over. In July the mean temperature was 58°. For the production of the malarial poison 59.6° is necessary. Diarrhea is the chief source of mortality in England, as it is in

America, among young children. During last July 230 fatal cases of infantile diarrhea occurred; during the hot July of 1878 there were 1,976 innocents carried off by diarrhea. Malaria is far the most abundant cause of bowel trouble, and quinia is the great remedy for these affections.

L. P. YANDELL.

SAVILE CLUB, LONDON, August 20, 1879.

CASE OF EXTIRPATION OF TESTICLE.

To the Editors of the Louisville Medical News:

I was residing in the town of West Point during the building of the E. & P. R. R., and, as is usual upon public works, a great many accidents occurred. The following case, although not strictly an accident, yet may be considered of sufficient interest to justify its relation.

On March 18, 1874, I was called in consultation with my friend Dr. J. W. Fletcher, of West Point (now of Elizabethtown, Ky.), to see Pat. S., an employe of the Baltimore Bridge Company, who had upon a wager jumped from the top of the iron bridge across Salt River, a height of ninety-five feet, into the water. On examination we found the left testicle entirely out of the scrotum, hanging by the cord at least five inches in length. No circulation could be detected in it whatever. We at once decided that the testicle could not be saved, but that it would have to be removed. Ether was administered by the writer, and Dr. F. removed the injured testicle. The vessels were properly ligated, the scrotum brought together with silk thread, a dose of morphia given, and cold cloths ordered to be applied continuously to the parts. There was slight concussion of the brain, also a slight injury of the penis. I visited him for a few days with Dr. F. He continued to improve, and in one month was up and well enough to go to work.

J. T. DAVIS, M. D.

FISHERVILLE, JEFFERSON CO., KY. Sept. 4, 1879.

REMEDY FOR BURNS.—The latest addition to the numerous reputed remedies for burns is powdered charcoal.

ORRIN GOTHAM, of Epping, N. H., ate thirty-six peaches upon a wager, and they killed him.

Reviews.

The Yellow-fever Germ on Coast and Inland:

A Discussion on Ship and Railroad Quarantine before the Medical Association of Georgia, Rome, April 18, 1879. By HENRY FRASER CAMPBELL, M. D., Augusta, Ga., chairman of Committee on Endemic, Epidemic, and Contagious Diseases, in the Board of Health of the State of Georgia.

I do earnestly wish that in the jostling race after new things, in which men are liable to get their heads confused, there were more attention paid to what is run after. Two thousand years have rolled away their circling movements since the sage of Cos recorded his medical observations, and many of them are as exactly true now as they were when he uttered them. How they rise before us in primeval beauty, as we remember that richest of tributes which Dr. Oliver Wendell Holmes paid to Hippocrates in describing the master architects of the Temple of Medical Science:

"See where aloft its hoary forehead rears
The towering pride of twice a thousand years!
Far, far below the vast incumbent pile
Sleeps the gray rock from art's Egean isle;
Its massive courses, circling as they rise,
Swell from the waves to mingle with the skies."

Now one of the great truths that rose from "art's Ægean isle," uttered by Hippocrates, is this: "Medicine has of old both a principle and a discovered track, whereby in a long time many and fine discoveries have been made, and other discoveries will be made, if any one who is competent and knows what has been discovered *start from these data on the search*. But whoever, rejecting these and despising all, shall undertake to search by a different track and in a different manner, and shall say that he has discovered something, shall be deceived himself and shall deceive others." Let us be wary in deserting "the data" that observation sanctions and consecrates for the search for truth. If, when Hippocrates was called to Abydos to arrest a devastating sickness that scourged one side of that city, he had sent his thoughts to wandering through the air in search of "germs," the world would have lost a great and invaluable truth, and Abydos would have derived no benefit from his labors. But, living within what his observations had taught him, he disarmed Abydos of its annual pestilence and gave it perpetual immunity from the scourge. Shall these lessons fall upon stony soil and yield us nothing for our labors?

I now purpose to give critical attention

to some of the points which I merely quoted from Prof. Campbell's paper on the Yellow-fever Germ. He places the "yellow-fever germ" in the same category as a hypothesis, with "other forms of atmospheric poison, malaria, etc." On page 9 of his paper he says: "When I speak, then, of a specific imported germ I profess no more and no less accuracy of statement than those do who speak of 'malaria' and of the 'foul airs' by which they account for the local origin of yellow fever and of intermittent fever. The very term they use to designate these latter fevers refers to a cause as hypothetical as the 'germ.'" Here, then, I join issue with Professor Campbell. He takes an unknown thing, of which no human being knows any thing whatever, and undertakes to bolster this nonentity by comparing it with one of the most immortal truths known to medical science, a truth upon which has been expended many of the profoundest labors of the tallest minds that have adorned medical science. In order to strengthen the non-descript "yellow-fever germ" he weakens malaria by calling them both hypotheses. One of them is the growth of ages, the other a bantling comparatively of a few hours. One of them is so intimately, so clearly known in its laws that under those laws mighty revolutions have been made in the health, prosperity, and thrift of vast regions of the earth; the other has never yet protected nor saved the life of one human being. We can as indubitably call caloric, electricity, light, oxygen, and the contagion of smallpox hypotheses as we can call malaria a hypothesis. We know each one of them by their effects, and by them alone. We know the laws of their habitudes, and we know the habitudes of each one of them as well as we know any thing in nature's widespread and overarching domain. We take up the positive gains of our knowledge upon the subject of malaria.

1. There is required a daily mean of sixty degrees of Fahrenheit's scale for two months, with decomposing vegetable material and moisture, to make that form of malaria that produces intermittent and remittent fevers. This is a positively-ascertained truth. If the solar heat is persistent, or rises higher than the daily mean of sixty degrees, the diseases assume graver aspects than those forms that are easily managed. In these circumstances the attacks may increase in severity and become very fatal. In the mildest forms of the diseases caused by this poison the urinary organs always show indubitable evidences of

the poison. This is universal. In any case of intermittent or remittent fever there is a large increase of uric acid; and by this alone we may, in the most obscure case, decipher the presence of the poison produced in the way I have mentioned. Again: two persons may occupy the same room; may both be attacked about eleven o'clock. One of the two suffers severely until the sweating stage, and the paroxysm ends. The other seems to be insensible to any suffering; he has no reaction; he talks sensibly; but he has a total suppression of urine, and is pulseless. He is collapsed, and will inevitably die. These are not unusual occurrences. In one case we have, as the direct effect of this poison, an intoxication, with perversions of the urinary organs; in the other there is a perfect paralysis manifested in the urinary organs, in the secretions, and in the circulation. Professor Campbell will understand me when I say that in this latter case the floor of the fourth ventricle of the brain bears the onus of this force. In all human records not a single recovery from this condition has ever occurred, nor has any case of the kind ever taken place, except as the result of this poison called malaria.

2. The decompositions are exclusively of vegetable material. The putrefaction of animal matter has nothing to do in the production of this poison. This is a well-known truth that can not be successfully called in question.

3. The air thus formed has another habitude that belongs to itself alone—the law of latency. If the attack is in the form of a daily paroxysm the person may in nearly all cases seem to be well until the time for the next paroxysm. If it be the third-day variety in the intermediate time between the paroxysms the patient is well, but the poison is latent; it will manifest itself at the proper time. After the paroxysms are broken they may go to a region where no such diseases are known—and there are many such places—and on the seventh, fourteenth, twenty-first day, or some other multiple of seven, the paroxysms will be renewed. This is due to the law of latency. Two persons may leave Massachusetts, go out to Illinois in the summer or fall, return home; one of them is taken down with chills and fevers in a part of the country where such diseases are unknown. The companion in the journey nurses the case day and night until the physician begins to suspect the character of the complaint and relieves it by the proper remedy. The companion in the Illinois trip,

without leaving the Massachusetts region after the recovery of his friend, remains in good health for twelve months, when he is attacked with chills and fevers. He acquired the cause of his disease when his friend acquired it, but in his case he carried it in a latent form for twelve months before it exploded into an active form. This is as true of yellow fever and cholera as of intermittent fever, as I shall show hereafter. I mention these truths now in order to show the habitudes of this poison. In all regions subject to these diseases, the observations have been often made that after frosts prevent new attacks, some of the dwellers in the locality continue to have paroxysms through the fall and winter months, and that while immigrants into the region escape, the inhabitants continue to be attacked. This is under the law of latency; for it is notorious that the newcomers would be very subject to attacks if the cause were in existence, and to very severe grades of these diseases. Their escape, therefore, while those who were living there before this period are attacked, is a conclusive proof, a demonstration of this law of latency. I am merely giving the habitudes of this poison; when the occasion demands them I can supply plentiful proof upon all these points.

4. This poison, as a general rule, can not rise in any power over forty feet perpendicular. The Moskwa River runs along the base of the Kremlin. All along the banks of the Moskwa, in other parts of the city, the people are subject to annual visitations of intermittent fever. Moscow has occasionally been subject to oriental plague and to cholera of a devastating character. No case of intermittent fever, oriental plague, nor of cholera has ever been seen within the Kremlin, large and populous as it is. Why? A wall sixty feet in height surrounds the Kremlin. The cause of these diseases has never climbed over the wall of the Kremlin. The great Hennen, in his Medical Topography of the Mediterranean, who had a vast experience in oriental plague, and was a contagionist of the most approved type, makes the statement that plague does not climb up stairs.

5. This cause of disease which I am considering can not cross water. Thousands of facts bear testimony to this truth. When the British army was nearly destroyed on the islands of Walcheren and Beveland, the sailors in the ships remote from the shores of the islands were perfectly exempt. All the officers who had lodgings in the upper

stories of houses were entirely free from the diseases engendered on the ground.

6. A screen of vegetation between the source of the poison and the lodging-places of the people is a perfect protection against the action of this morbid agent. An immense number of truths have been observed on this point, which I can readily furnish when the fact is disputed.

7. This cause is innocuous during the day. It begins its mission at sunset or soon after. Under the observation of the most renowned members of the medical profession at least ninety-five of every one hundred cases of yellow fever begin in the night. Some of the greatest lights in the medical profession declare, as the result of their experience, that no amount of exposure in the worst locality of yellow fever during the day is attended with the least danger, while those who attempt to spend a single night in it asleep are sure to be the victims.

I have named these attributes of malaria because they belong to that poison and to nothing else. It received this name from the illustrious Lancisi, and a very appropriate name it is. If this potential force is entitled to an opprobrious nickname—a hypothesis—I should be pleased to be informed what is there in all our knowledge that is not a hypothesis? Even the mastication of a piece of bread, and the washing of it down with a glass of milk, may as justly be called a hypothesis. In all our matters of knowledge it is singular how little we know of the ultimate essence of any thing. For example, we take upon the point of a lancet an infinitesimal particle called vaccine matter and insert it beneath the skin, and we produce with it the most perfect form of the disease called smallpox. Wherein the power resides in that particle we do not know, but we know that we succeed through contagion. Is this hypothesis, or is it positive knowledge? Or if it is not knowledge, then I ask, What is it that we know? Nearly seventy-three years ago, with a thread from Jenner's own hands, this operation was performed on me, and it has vindicated the truth of Jenner's knowledge by giving me immunity from any other smallpox through many hundred times of exposure to the disease. We have never detected yet what it is that gives this vaccine lymph this peculiar power. But we know how the article is made, and its action is uniform; hence our knowledge, hence our confidence. We have never seen malaria; it has no odor, nor color, nor any thing that addresses our senses. But we know when

and where to look for it; we know how to guard against its action; we know its effects and the manner of their appearance. We are fully acquainted with the laws of its being, and we are so intimate with these laws that we can exercise great control over the evils incident to the poison. There is nothing in all the etiology of disease with which we are as well acquainted as we are with malaria. All the successive ages of medical observation have contributed to the building of this stately edifice. The knowledge respecting the materials of this fair fabric has revolutionized extensive territories in many parts of the world; has given health, thrift, and prosperity where previously there were sickness, decay, and impoverishment; and it will continue to cover the earth with its manifold blessings. And are we to turn our backs upon the magnificent glories of our profession and fly to those

“Who have fed

Perhaps too much upon the lotus-fruits
Imagination yields—fruits that unfit
The palate for the more substantial food
Of our own land—reality.”

Hence I have endeavored to show that malaria, instead of being a mere supposition, a hypothesis, a mesh of guess-work, is a substance that deserves and rewards our utmost study; that it is any thing else than an ignis fatuus—

“As far from help as limbo is from bliss.”

In my next I shall carefully examine what Professor Campbell calls “the entire complement of antiseptic surgery, with its reliable results and brilliant achievements, depending upon this rational assumption, and upon the devising of methods for preventing germ ingress and for securing germ destruction.” We shall endeavor to discover, from the voice of surgeons, what is the amount of “corroboration given to the ‘germ-theory’ of yellow fever.” If we find that in this field it receives “a remarkable corroboration,” we may fairly measure its merits. A mushroom stalk can scarcely support the sturdy trunk and far-extending limbs of the oak tree. But examination may determine this question. T. S. BELL, M. D.

LOUISVILLE.

Contributions to the Biology of the Bacteria.
By LOUIS WALDSTEIN, M. D., New York. From the Pathological Laboratory of the University of Heidelberg (Vienna).

This pamphlet contains a list of well-recorded investigations, the conclusions of which are briefly:

1. Prolonged boiling destroys only the developed bacteria, but does not materially injure the younger germs. The supposed "abiogenesis" of certain authors is thus explained.

2. Nitrogen, from whatever source, is the chief food of these organisms.

3. The only practical way known to him of destroying these organisms is by making such chemical combinations in the infected fluid as will deprive them of the power of absorbing nitrogen.

O.

Miscellany.

MARRIAGE PROBABILITIES.—The Chicago Times has constructed a table of marriage probabilities for both sexes, from the age of fifteen up to seventy, based on figures taken from eight thousand marriage licenses issued by the county clerk during the twelve months ending August 2d. It deduces the following facts from the table:

In one thousand cases no one was married before the age of fifteen. The marriage of women at that age is not unknown, but it is rare. Men do not begin to marry, as a rule, until they are eighteen years old. At the age of nineteen, when young men are just beginning to think seriously of the subject, young women are at their most favorable time, more of them marrying at that age than at any other. The years of greatest probability with a woman are from eighteen to twenty-five, culminating at twenty-two. At nineteen, twenty, and twenty-one the chances are even, being better at nineteen and twenty-two than at either of the intervening years. At twenty-three begins a steady decline, but not until the age of thirty-three do the chances fall below one in a hundred; after that age they do, and in the rest of her life her chances are but seventy-six in a thousand. At the age of fifty-three the vanishing point appears in sight, no marriages occurring at that age and at the age of fifty-four. At fifty-five and fifty-six occurs one marriage each; at fifty-seven none; at fifty-eight one; and after that a woman has literally not one chance in a thousand of wedding. Her best years are four in number, being from nineteen to twenty-two inclusive. With a man it is different. His best years are ten in number, from twenty-one to thirty inclusive. It is at the age of twenty-one that he evidently turns his attention wifeward, and it may be

that legislators were entirely right in fixing that as the year when he shall attain his majority. In no year of his life are the chances one to ten that he will marry. His very best years are at twenty-three and twenty-five, as a girl's are at nineteen and twenty-two. From twenty-one there is a pretty steady increase till he is twenty-five, and then his chances slowly decline, although they do not drop suddenly until he is thirty. It is worthy of note that the sudden drop in the chances of both men and women occurs the years after they become "old bachelors" or "old maids." Men do not begin to marry until about three years later than women, but they keep it up more or less steadily five years later. With men the chances do not fall below one in one hundred until the age of forty is reached. Then it is one in fifty, and after that but one in two hundred. Marriages occur, however, every year until fifty-six is reached; then on alternate years to sixty-two; and after that comes but one, which is at the age of seventy.

Of the one thousand women in this list eighty-four were widows, and of these eighty-four fourteen had been divorced. Of the fourteen one remarried the man from whom she had been divorced. Of the men but three had been divorced. How many were widowers there are no means of telling.

Of the one thousand marriages one hundred and eighty-seven were between parties living in the same house. Whenever a man marries under such circumstances it is natural to suppose that when he fell in love with the girl it was the result of pure accident. He was not probably looking over his list of lady acquaintances for a wife, and his selection was probably not the result of pure choice—of the opinion that she was the best of all the women he knew to make a wife. The two happened to be thrown in close contact, the fire of youth was ignited, and it blazed up, and they were married. This figure can not, however, be taken as in any degree correct to show the number of chance-marriages. Perhaps nine tenths of all the marriages are chance. But the chances are very strong that these were all chance, pure chance, and nothing but chance.

The census of 1870 gives the total male population of the country at 17,029,088, and the total female at 16,560,289. From these figures is deducted the fact that a woman's chances of marriage, were there no disturbing causes, are one thousand and twenty-nine to one thousand. The number of men being greater than the number of women,

every woman ought to find a husband; but the disturbing causes which induce men to forego marriage, such as the inability, as they suppose, to support a wife, a preference to remain unmarried, and so on, throw the chances, as a matter of fact, the other way.

For the twelve months ending July 31st just past the total number of marriages in this city was five thousand one hundred and fifty-nine. The favorite month in which to marry is November; the next are May, October, and March, which appear to be equally desirable; December is nearly as much so; next are February, April, and June; while January and September come behind these, and the least popular of all is the month of August.

DUELS OF GERMAN STUDENTS.—These seem to be more frequent than ever, and the authorities are trying all they can to put them down. They are not able to prohibit them, for there is no law by means of which they could interdict students from hacking and scarring their faces, such mutilations being quite voluntary. They confine themselves to endeavoring to render these encounters less easy, by diminishing the number of localities where it had been customary to allow them to take place. Thus the authorities of Leipzig have just issued to the keepers of hotels and taverns, over which they have control, a formal prohibition to allow duels to be fought by students on their premises under a penalty of one hundred and fifty shillings; and the police are ordered to see that this edict is strictly executed.—*Union Médical*.

Come to the mortal as he sits
 Upon a dry-goods box and sips
 The nectar from thy juicy lips;
 Come to the youngster as he flits
 Across the high and peaked fence,
 And moves with ecstasy intense
 Thy charms from off the native vine,
 And thou art terrible!
 O August-born monstrosity!
 Incarnate colicosity!
 Beneath thy emerald bosom glow,
 Like glittering bubbles in the wine,
 The lurid fires of deadly woe;
 And from thy fascinations grow
 The pain, the cramp, the pang, the throe—
 And all we fear or dream or know
 Of agony is thine!
 P. S. We mean the watermelon.

A LADY subscriber quits the Boston Journal of Chemistry because in five years she has not recognized the name of an acquaintance in its obituary notices.

Selections.

ACUTE INFECTIOUS DISEASE.

A Clinical Lecture delivered at the Good Samaritan Hospital, Cincinnati, by James T. Whittaker, M. D., Professor of Theory and Practice of Medicine, Medical College of Ohio; Lecturer on Clinical Medicine at the Good Samaritan Hospital. From the Medical News and Library:

When we last met we had before us a typical case of typhoid fever in the height of the disease. We saw displayed, one by one, the signs which characterize the affection, and which, in group, put on any case of it the stamp of individuality. We have next to discuss the most interesting question connected with its history—viz. its cause. No knowledge satisfies short of the cause; for, as Bacon has said, "*Vere scire est per causas scire*."

Points in Common.—When we come to study the cause of typhoid fever we confront at once the cause of all acute infectious diseases, of which this malady preëminently is one. While each one of these diseases has individual points of difference, they have all many more points in common, both as regards the symptoms they induce and the lesions they present. If we look, for instance, at yellow fever, the prevalence of which at the present time intensifies our interest in this subject—a disease which would seem, on account of its localization, to stand apart from the rest—we discover nothing especially secret and peculiar, nothing which might confer on those most familiar with it especial skill in its management or relief; for the initial chill (when present), the intense frontal and lumbar pain, the fever, and gastric disturbance belong to all the exanthematous diseases. Albuminuria occurs in every high fever which markedly lowers capillary tone. Vomiting of disorganized blood—the ominous black vomit—is a characteristic also of typhus and bad cases of typhoid fevers, hemorrhagic smallpox, and malarial remittents. The distinct and deceptive remission of all the symptoms, the pathognomonic bronzed or mahogany coloration of the skin and mucous membranes alike distinguish icterus gravis, some varieties of septicemia, and chronic malarial poisoning.

Moreover, yellow fever has no discoverable pathological lesion absolutely peculiar to itself. The hematogenous icterus and ecchymosis of the skin; the hemorrhagic erosions of the stomach, with its bloody contents; the anemic, mostly acutely fatty liver; the hyperemic and blocked-up kidneys, with, in *foudroyante* and protracted cases, the nearly or quite empty bladder; the granular and fatty degeneration of the muscles; the general catarrh of the mucosæ every where—what are all these conditions but signs common to every acute toxicemia?

The State of Knowledge concerning Infectious Disease.—We can not therefore study intelligently the etiology of any one of these diseases without a preliminary survey of the entire field.

I do not need to say to you that no subject in medicine is more worthy of our time. The occurrence of an epidemic of acute infectious disease strikes terror as no other calamity or casualty of nature, for the simple reason that no one is so universal or widespread in its reach. Those of us who have been eyewitnesses of the devastations of cholera and yellow fever need no reference to the epidemics of the middle ages for full appreciation of the horrors of a plague.

Even as we now speak there threatens to be left of one of the most populous cities of our valley, now nearly deserted of its inhabitants, what was left of its namesake of old, merely "a tomb and a shadowy name."

A vast number of facts have been accumulated about these mysterious infectious diseases, many errors have been corrected, many suspicions dispelled or confirmed, until we can almost say that we possess as much definite information regarding the cause of acute infectious disease as regarding the ultimate essence of any other natural phenomena.

This class of diseases, a specimen of one of which has so lately occupied our attention, is especially characterized by more or less rapid dissemination, by intensity or virulence of manifestation, and by comparative shortness of duration. With these characteristics this class of diseases is appropriately grouped under the title of the Acute Infectious Diseases.

The course and conduct of these diseases in the body resemble to some extent the action of poisons; hence they are often called blood-poisoning or septic diseases.

The poison, whatever its nature, once introduced, in however small quantity, into the blood, so swiftly induces manifestations of disease in the whole body as to resemble the action of a yeast or ferment, a little of which "leaveneth the whole lump;" and hence these diseases are also called zymotic diseases.

Finally, because these diseases, under the unfavorable hygienic conditions which still surround us, are able to spread over whole sections of country, over whole countries—indeed, unless checked by natural causes, over the whole globe—they constitute what are known every where as the Epidemic or Pandemic Diseases.

Types of Infectious Diseases.—Types of these diseases are Asiatic cholera, smallpox, chicken-pox, measles, scarlet fever, typhus and typhoid fevers, yellow fever, and diphtheria. In the very forefront of the acute infectious diseases stands, or stood—for our improved sanitary conditions, faulty as they still are, have prevented its spread in modern times—that most terrible of all scourges to man—the plague. At the extreme opposite end of the list we may read mumps, hooping-cough, and influenza (a marked sample of which, the "epizootic" of 1873, confined nearly every horse of this country to his stall for several days); and along the column at different places erysipelas, child-bed fever, and dysentery when epidemic—as in ships, hospitals, and camps—pyemia and septicemia, with vaccinia, hydrophobia, malignant pustule, etc., as poisons communicated from the lower animals to man, and the cattle-plague as a typical example of this class of affections in the lower animals themselves.

The characteristic feature of all these diseases is infection. It matters not that they are not all propagated by immediate, direct, or personal contact. In some diseases the infectious element is fixed close to the body, as in cow-pox and syphilis. These are diseases never propagated by the air, though great stress was put upon the telluric origin of syphilis by a priest who wrote one of the earliest accounts of the disease as it manifested itself in his own person. In other diseases—smallpox, measles, scarlet fever—the poison is eminently volatile, and is thus disseminated by the air. In still other cases, as typhoid fever, dysentery, and cholera, it is the dejections which chiefly convey the contagium to finally infect the soil, and through the soil or sewage canals by filtration, to even

great distance, the drinking-waters of our wells and cisterns and running streams. To breathe infected air or drink infected water quite distant from the focus of infection suffices to engender cholera, dysentery, or typhoid fever; while the contagion of syphilis and probably diphtheria must be lodged upon the mucous membranes; and vaccinia, hydrophobia, malignant pustule, the virus from venomous animals, to produce infection, must be inoculated into the very blood itself.

The mode of infection has thus been pretty accurately determined for each of the acute infectious diseases.

Infectious Diseases Specific.—Another fact of equal value is the recognition of the specificity of these diseases. Each one of these diseases is known to reproduce itself alone. Measles begets measles, smallpox begets smallpox, cholera begets cholera. Figs would be born of thorns or grapes of thistles as soon as cholera of smallpox or diphtheria of typhoid fever. The introduction into the blood of the specific cause begets the specific disease.

From this law has been deduced still another fact inestimable in its value; and that is that the spontaneous generation of any one of these diseases is impossible and unknown. Nowhere now is there any question of autochthonous genesis of infectious disease. Every where is recognized a house where the disease is indigenous, and a route along which it is spread. The mouths of the Ganges and the Brahmaputra are the centers of cholera, lower Egypt of the plague, the Antilles of yellow fever, Ireland of typhus. So far as these diseases are concerned, whose course can be most distinctly traced—cholera and yellow fever, for instance—the line of infection when accurately pursued is always found to correspond with the line of transportation by water or rail. The increased velocity of travel in our day, with the correspondingly increased swiftness of the transportation of disease, forms the embarrassing element in tracing the course of the disease to its original seat. A week and two days may now suffice to introduce from Europe to our whole country a sweeping epidemic of cholera, and under favoring conditions but a few days are required to carry yellow fever from New Orleans to New York. Thus the advanced knowledge of sanitary science in our day, to which we may chiefly ascribe our comparative exemption from the devastating epidemics of ancient times, is counteracted to some extent by the increased facilities for transportation of disease to new centers, the absence of which alone saved the human race in the middle ages from almost utter extinction.

Smallpox first showed itself in Germany in 1493, an importation from the Netherlands; but it was not till 1527 that it was transported to our country, making its first appearance in Mexico, slaughtering myriads, and then gradually extending over the whole of North America. Scarlet fever, which was first seen in our country in 1735, reached Iceland in 1827, South America in 1829, Greenland in 1847, and Australia in 1848. Measles has not yet been carried to Australia. Cerebro-spinal meningitis, in every respect the most irregular of all epidemic diseases, first fell on our country in 1806. The ocean was for all time an impassable barrier to cholera, the most widespread and fatal of all the acute infectious diseases, until it was directly conveyed across in the memorable year of 1832.

The last case of measles in the Faroe Islands occurred in 1781. The disease then died out and was

almost forgotten, when, in 1846, an individual sick with it came ashore. The inhabitants at that time numbered 7,782. Of these over six thousand fell sick with the measles, and the fifteen hundred that escaped owed their safety to rigid quarantine. On the affected islands the attack was nearly universal, only the very aged, who had suffered with the disease during and previous to 1781, were spared.

No point in prophylaxis could be of greater value than the recognition of the exclusively parental birth of acute infectious disease.

Periods of Incubation.—The close observation of a long series of years has already put us in possession, moreover, of most of the data in the natural history of each of these diseases. Thus we have learned first that manifest attack does not follow immediately on exposure to the disease. There lapses first a period during which the disease lies latent in the body, hatching as it were, the so-called period of incubation. In some cases the length of this period may be determined to a day by the experiment of inoculation. Thus the incubation period of vaccinia is three days; of smallpox after inoculation two days, without inoculation twelve to thirteen days; of scarlet fever four to seven days; of typhus seven to fourteen days; of typhoid fever twelve to sixteen days; of measles ten days; of intermittent fever, one to fourteen days; of syphilis two to four weeks; of the plague two to seven days; of cholera two to three days; of yellow fever two to nine days; of hydrophobia three to sixty days.

Then supervene the various stages characteristic of each disease; each stage, of more or less definite duration, marking off a definite phase in the course of each disease. We know, again, what are the infecting structures, what is the period of greatest infection, and what is the duration of infection for each disease.

They come from a Germ.—Lastly, the proof accumulates day by day that all or nearly all the acute infectious diseases are caused by microscopic or ultra-microscopic parasites endowed with marvelous powers of reproduction. "From a single germ of the *saccharomyces cerevisiæ*, the well-known alcoholic ferment, one hundred tons of yeast, containing possibly fifty milliards cells, have been generated in a single day in some of our largest breweries." A single drop of fluid containing the bacteria of *milz brand* introduced into the blood of the largest ox multiplies its poison to such almost incredible degree as to kill the animal in from twenty-four to thirty-six hours. In this disease, in relapsing fever, charbon, and septicemia the kind and conduct of infecting parasites have been as clearly demonstrated and described as in scabies and trichinosis.

But these parasites or germs do not always multiply in the blood or in the body; hence not all acute infectious diseases are contagious. Smallpox gives off its contagion from its eruption in greatest virulence just before the vesicle becomes a pustule, in the exhalations from the skin, and in the blood, from which even the placenta does not filter it off. In measles the disease may be inoculated with the blood, the tears, and the sputum. Scarlet fever infection is in the exhalations from the skin and lungs, and that of typhus irradiates in every direction from every surface and secretion. These are eminently the contagious diseases. In the case of others, yellow fever, malarial fevers, the poison is in not in any sense endogenous, the germs productive of the disease do not multiply in the blood nor migrate from it to others

about the affected individual. Local colonization, universal dissemination marks the history of the purely contagious diseases; colonization and chemical change characterize those which remain simply infectious.

Gentlemen, we have no time to speak now of the easy solution of all the problems offered by the germ genesis of the acute infectious disease. I shall simply call your attention to an explanation it permits of the so-called sporadic cases of disease where the closest search has failed to reveal a primal cause. I venture it only as a possible explanation, because fortunately most of the poisons of disease are known to hug the ground, to be dissolved in the subsoil water, or at most to creep (when not carried) at almost snail's pace along the surface of the earth; but an ascending column of air laden with the poison might be wafted off to very distant seats. That this offered explanation is no mere conception of fancy is shown by the abundant records of the fall of dust, mostly infusoria, on vessels far out (one thousand to sixteen hundred miles) at sea. Such clouds of dust have even compelled vessels to put ashore. Mr. Darwin, in his *Voyage*, says: "In some dust which was collected on a vessel three hundred miles from the land I was much surprised to find particles of stone above the thousandth of an inch square mixed with finer matter," and adds, "After this fact one need not be surprised at the diffusion of the far lighter and smaller spores of cryptogamic plants."

Need we be surprised at the occasional occurrence of a sporadic case at the distant dissemination of acute infectious disease dependent on germs, when a single bacterium weighs only 0.0000000157, not the millionth part, of a milligram?

The recognition of the fact that these diseases are never spontaneous in development, but that their germs are always somewhere in lurk, would protect us in a great measure from invasion, or if invaded, would restrict their dissemination to the narrowest possible limits. Pure water, pure air, and absolute cleanliness, disinfection, rigid and relentless quarantine, and, in proper cases, isolation of the sick, then suggest themselves at once.

In accepting the germ-theory as the cause of infectious disease, we have at least a tangible material foe against which to shoot a lance. We are not simply fighting air, comets, or eclipses, or supernatural dragons. We are relieved at once in therapy from the dreadful nightmare of empiricism.

Our government has at last been awakened to the necessity of a national board of health, which gives promise already of much good. What is most needed at the present time is the appointment of scientific epidemiologists by the different states, *in loco morbi*, at salaries sufficient to relieve them from the time-consuming necessities of practice. A small fraction of the donations so benevolently contributed during the calamities entailed by epidemics would probably secure such disclosures concerning the cause, prevention, and cure of infectious disease as would effectually efface them. Whether these disclosures would be the discovery of antidotes, like quinia for malaria or mercury for syphilis, or preventives, like vaccinia for the smallpox; or conditions which mitigate the dangers, like refrigeration, charbon; it is impossible as yet to say. But it is perfectly safe with our present knowledge to predict the speedy extinction of many infectious diseases, the existence of which at the present time is a disgrace to medical science and a satire upon civilization.

STATISTICS OF EPITHELIOMA.

Dr. T. E. Satterthwaite, in *New York Medical Journal*, in *Observations on One Hundred Cases of Carcinoma*, gives the following statistics of thirty-seven cases of epithelioma:

Of the thirty-seven cases of epithelial carcinoma, all but one occurred when they were within reach of operative interference.

1. *Age*.—The largest number of these cases of epithelial carcinoma were observed first between the ages of fifty-eight and sixty six, the average age at which it occurred being fifty-four years and eleven months, with a range from twenty-seven to seventy-two years. Mr. Paget says that the favoring period regularly increases with the advance of age, until seventy is reached. Winiwarter says: "Carcinomas of the skin begin the earliest. The greatest frequency of the skin-carcinoma is reached between forty-six and fifty. There is no cancer after eighty-five."

2. *Sex*.—Of the thirty-seven cases twenty-eight or 75.68 per cent occurred in males, nine or 24.32 per cent in females. It will be observed that these figures are the reverse of those presented in the scirrhus variety. Mr. Paget, speaking of epithelioma, says, "In one hundred and five cases affecting parts common to both sexes eighty-six were in men (81.90 per cent) and nineteen (18.09 per cent) in women."

3. *Condition*.—Of the thirty-seven cases twenty-eight or 75.68 per cent were married or had been, while four or 10.81 per cent were single; in the balance, five or 13.51 per cent, the histories were incomplete on this point. The influence of marriage can not be determined in epithelioma any more than in scirrhus, for similar reasons. Winiwarter also concludes that its influence is not certain.

4. *Locality*.—Of the thirty-seven cases in eleven or 29.73 per cent the growth was located on the lip, either on the upper or lower alone, or both, or at the angle of the mouth; in four or 10.81 per cent the growth was located on the tongue (above or below); in three or 8.11 per cent on the glans penis; in eight or 21.62 per cent on the nose, cheek, ear (external and internal, one each), and labia (two cases each); in eleven or 29.73 per cent the disease was located in the floor of the mouth, eyelid, edge of the hair, palate, rectum, larynx, neck, face, inferior maxilla, esophagus, and cornea (one case each). Of Winiwarter's five hundred and forty-eight cases 39.41 per cent were located in the skin.

5. *Assigned Cause, Traumatic or Constitutional*.—Of the thirty-seven cases in twelve or 32.43 per cent it was ascribed to smoking a pipe, for in all the cases but one the patient had been in the habit of resting the pipe-stem at the point where the disease first made its appearance. In eight or 21.62 per cent various traumatic causes were ascribed, such as chewing a toothpick, etc., so that in twenty or 54.05 per cent a previous traumatism was assigned. In thirteen or 35.14 per cent no cause whatever was given to it, while in four or 10.81 per cent the history did not state anything in regard to this point. Mr. Paget, in his thirty-four cases of epithelial cancer, states that in nineteen or 55.88 per cent there had been an injury or previous morbid condition in the affected part. Winiwarter gives as causes: 1. Slight frostings of the face, as in people exposed in the country; 2. Slight and frequent injuries, such as cuts and scratches in shaving, excoriations of the lip by a pipe-stem, and burning by nicotine, nitrate of silver, etc.; 3. From

lacerated or incised wounds, injuries to a cicatrix; 4. From a blow of which no apparent trace was left; 5. Permanent pressure, such as precedes bed-sores or callus; 6. Some pathological process such as erysipelas, frost-bite, opaline plaques; 7. Hypertrophy of papillary growths, warts, etc., or from cysts or burns; 8. From acute inflammation leaving a chronic infiltration; 9. From ulcerations of the skin.

6. *Family History*.—Of the thirty-seven cases in twenty-six or 70.27 per cent there was no family history of carcinoma; in five or 13.51 per cent there was a distinct family history of cancer; in six or 16.22 per cent the facts were deficient; in one or 2.70 per cent there was no history of carcinoma, but one of phthisis. In only five per cent of Mr. Paget's epithelial carcinomas was there a possible family history of carcinoma. Of these cases (sixteen) three only were epithelial (page 735).

7. *Pain*.—Of the thirty-seven cases in fifteen or 40.54 per cent there was very severe pain; in seven or 18.92 per cent there was a moderate amount or slight pain; in ten or 27.03 per cent there was absolutely no pain; in five or 13.51 per cent no information could be obtained on this point. Pain seems to be a very prominent symptom in this class of growth, and when it attacks the tongue the suffering is more intense than in the other localities. Mr. Richard Barwell (*Lancet*, April 19, 1879) suggests, for the relief of this pain, division of the gustatory nerve, which he has done when the whole organ was involved, though he has never done it when a portion only of the tongue was involved.

8. *Enlargement of Lymphatic Glands*.—Of the thirty-seven cases in eighteen or 48.65 per cent there was no affection of the lymphatic glands; in five or 13.51 per cent the lymphatic glands were found to be enlarged; in fourteen or 37.84 per cent no information could be gained on this point. Mr. Paget says that out of forty-two cases in the ordinary course of hospital and private practice, including many in the early as well as in the latest stages of the disease, he observed the lymphatic glands enlarge twenty times or 47.62 per cent. These figures have no great value, because it is well known that sooner or later the neoplasm will invade the lymphatic glands in the vicinity. Should none exist in the vicinity, the disease may progress to great length or even to a fatal issue with no involvement of glands.

9. *Treatment prior to Operation*.—Of the thirty-seven cases in many there had been local treatment before operation, the applications generally made being a saturated solution of the terchloride of antimony, which in almost all cases produced temporary relief, and in fact seemed to cause the disease to disappear. Some had taken arsenic internally.

10. *General Health previous to Carcinoma*.—Of the thirty-seven cases in twenty-eight or 75.68 per cent the previous health of the patient prior to the inception of the disease had always been good; in two or 5.41 per cent it was not known; in one or 2.70 per cent it had always been poor; in one or 2.70 per cent the patient had suffered from dyspepsia for a number of years; in one or 2.70 per cent the patient was suffering from hemiplegia; in one or 2.70 per cent he had the habit of eating opium, and also had hemorrhoids and stricture of the urethra; one or 2.70 per cent was addicted to the excessive use of alcohol; in two or 5.40 per cent there had been syphilis. Mr. Paget says, "The general health of patients with epithelial cancer is usually good till it is affected by the consequences of the local disease" (page 741).

11. *Effect of Operation on Pain.*—In twenty-nine of the thirty-seven cases in which a cutting operation was resorted to, in sixteen or 57.77 per cent the pain was relieved by the operation; in two or 6.90 per cent the pain was partially relieved; in two or 6.90 per cent the pain was not relieved; in one or 3.45 per cent there was no pain to be relieved; in eight or 27.59 per cent no information could be gained regarding relief from pain; and in two of the cases in which no cutting operation was resorted to, relief from pain was brought about by the application of the terchloride of antimony. It would appear from the above figures that the operation should be resorted to for the relief of pain; and in this class of growth some relief seems to have been gained by the use of a local caustic, which is the reverse of the results in scirrhus carcinoma.

12. *Rate of Growth after Removal.*—Of the twenty-nine cases in which the cutting operation was resorted to, in thirteen or 44.83 per cent the recurring neoplasm grew more rapidly than the primary; in two or 6.90 per cent there has up to date been no return of the growth; in fourteen or 48.27 per cent no information could be gained as to the return of the growth. Mr. Paget speaks of some cases extending over a large number of years, but these cases are rare. The rate of progress after removal is different in different parts of the body. In the tongue it is most malignant; in the scrotum and extremities least so.

13. *Average Period in Months between First Appearance and Operation.*—Of the thirty-seven cases in twenty-six cases the average interval between inception and operation was 20.92 months, the shortest interval being three months, the longest one hundred and fifty-six months. In one case (XVII) the patient stated that he had the disease forty years; in this case the disease was probably a benign wart for a number of years.

14. *Average Interval between First Removal and Death.*—Of the ten fatal cases in the table the average interval between removal and death was five months, the shortest interval being one and the longest nine months. This paragraph must be studied in connection with Nos. 15 and 16.

15. *Average Duration of the Non-fatal Cases.*—In the eighteen non-fatal cases the average duration was over fifty-four months, the shortest interval being eight and the longest one hundred and seventy-eight months, which as yet do not come up to some extraordinary cases cited. The case of over forty years' standing is excluded from the calculation, but may be found in the tables. When the full history of each case is concluded there is still a possibility that the duration of the disease may have equaled in some instances the remarkable ones now on record.

16. *Average Duration of Fatal Cases.*—In the fifteen fatal cases the average duration in thirteen was 29.23 months, the shortest being five and the longest one hundred and fifty-four months, and this is much below Mr. Paget's conclusions: "The average duration among fourteen patients in whom it commenced below forty-five years of age was thirty-nine months; that among seventeen in whom it commenced later was 45.50 months." In the seven fatal cases in our table which occurred before forty-five years of age the average duration of life was only 14.71 months, while in the cases after forty-five it was thirty-nine months.

17. *Average Duration of Fatal and Non-fatal Cases to Date, January, 1879.*—The average duration of the fatal cases and of the non-fatal to date

(January, 1879) is, of the thirty-one cases of which we have complete records, 44.03 months. While the average duration is comparatively less for all the cases together, if we separate those below forty-five from those above it it will be found that in the former the average was only 28.70, while above forty-five it was 51.33 months. This average will of course constantly improve until all the cases are dead.

18. *Does the History of the Fatal Cases operated on show that they live on an average longer than Similar Cases not operated on?*—This is impossible to decide from our statistics, for in all of the thirty-seven cases but seven an extensive cutting operation was done. Of these latter four had imperfect histories. In one a partial operation was done, and in the remaining two none was attempted.

19. *Has any Relation been shown between Sarcoma and Carcinoma in these Cases?*—An important deduction may be drawn from the microscopical examinations found annexed to the cases. In no case was sarcoma seen to undergo conversion into a carcinoma or be in any way associated with it. The converse was also true. As truly as the carcinoma is an epithelial production, and the sarcoma allied to the connective-substance group, and as truly as these normal tissues keep asunder from one another in health, so also do they in disease. Carcinoma is almost always associated with inflammatory deposits within the area of its extension, and takes its origin from preëxisting epithelial elements, so that they may be found incorporated in it; as, for example, in the breast, where it may sometimes be seen that there is a gradual change from the secreting tubular-gland tissue to the solid-branching cylinders of which scirrhus is made. How far we have a right to call such growth adeno-carcinoma is doubtful, because we do not know whether the gland tissue is a new or old formation. The essential difference between inflammatory deposit and sarcoma needs to be more thoroughly insisted on.

20. *Relation between the Variety of Carcinoma and the Site.*—Some important clinical facts may be derived from these statistics, confirming previous ideas. The site determines the kind of disease. Given cancer of the breast, and it will almost certainly be scirrhus. Given cancer of the lip, and it will almost certainly be epithelioma. Given cancer of the eyelid, and it will almost certainly be rodent ulcer. Of the liver, it will almost certainly be encephaloid.

The cases of colloid, encephaloid, and cauliflower growths are too few to serve as a basis for comparison. As given in full in the register of cases, and in the tabular form, they exhibit the chief points of interest. No general conclusions are given which apply to all cases of cancer, and there is no advantage in thus classifying them together. Their clinical characters are as different as the microscopical, and each group should be studied separately.

Boldo.—Boldo acts as a stimulant to digestion, and exerts a marked influence upon the liver; this property residing in both the leaves and young stems. It is said that the first knowledge of its virtues was obtained through its action on a flock of sheep suffering from a disease of the liver, and which had been shut up in an inclosure in which the gaps had been recently repaired with boldo twigs. The sheep ate the twigs and leaves, and are said to have recovered their health very rapidly, after passing large quantities of the "flake-worm," or gourd-worm, which produce the so-called liver-disease.—*New Remedies.*

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EDITORS.

THE London Lancet is of the opinion that much of the sentiment and good advice which is expended in the introductory lectures of the medical schools might well be done away with, and in their stead some practical examples of personal interest in the students on the part of the faculties be instituted.

There is no doubt of it that the lot of the average medical student is a hard one; and that he reaches his home with any humanity whatever left is proof of the immense amount with which Providence has originally stored him. If he does not figure as a cipher in his new rôle, he comes next to it. He swells the dean's list a unit. He adds the possibility of just "one" that his dear *Alma Mater* will come up to or beat her rivals. That is the first count on him. And next, there is his money; that is something more. But it can not be denied that when he has come to a stand, and has delivered—when he has been caught and corralled—that his identity shrinks away, and he becomes one of a herd with a proprietor's mark on him, of which he is supposed to be very proud.

Fresh from the tender interest of his home, he faces the perils of the boarding-house. That would break the heart as it would ruin the stomach of ordinary mortality, but the descendants of *Æsculapius* are divine. He turns himself for consolation to his studies, but the rush and cram of a foolish system give him no time for more than a glimpse at these. He bethinks him not unnaturally

of those who are set over him, and seeks direction and guidance and something of human interest; and meets the set smile, the formal hand-shake, and the manner which tells him "to get through with it as soon as you can." No wonder he freezes, and drawing together the remains of his independence, he determines to take life upon his own account and bid defiance to such a world. No wonder that, if to that society to which he may have been accustomed he receives no invitation, he seeks that to which he may invite himself; that, the cup of gentility being denied him, he buys one at the bar-room; that, the opportunity of converse with gentle maiden be not accorded him, he finds in the cassino those with whom he may dance as long as his money lasts.

Don't let any little concern rise up and cackle, "We don't do such things." It is the same every where, from Maine to Texas, from London to Vienna. The student of letters finds in his college a home the dearness of whose memories death only can efface. The ill-conditioned student of law may find fellowship in his new associations; but the student of medicine, no matter what may have been his former condition, is often well nigh an outcast—in cheerless ways.

Well may the Lancet say that the high-sounding addresses with which the land is soon to be filled might be replaced with something more practical, and that exhibitions of heart rather than head would be best in order. The friendly visit, the really cordial greeting, and human interest—how are they to be measured against words?

And why should not this be so? Upon what meat do these professors of medicine

feed, that they should be so exalted—rather, whose beans have swelled them? Surely their nobility is not in their scarcity, and the wherefore of their unapproachableness is not patent to the ordinary eye. We scan the horizon, and amid the ten thousand who essay to teach the art where are the hundred in whose presence an ordinary mortal should put away his shoes?

WE wish our contemporaries would copy our virtues only, and leave out our vices. Several weeks since an unfortunate mistake occurred in these pages, whereby *one ounce* of the liquor arsenici chloridi was printed for *one dram* in one of the excellent prescriptions taken from Goodell's Lessons in Gynecology—that which he calls the prescription of "the four chlorides." The mistake was pointed out to us by Prof. Porcher, of Charleston, and was corrected in the formulary and attention called to it by editorial note. It appeared as *one ounce* in the Michigan Medical News, and was corrected there also by Prof. Porcher. Now it comes up again in the Hospital Gazette. We beg to call that journal's attention to the matter, and any other periodical which may contemplate copying the extract.

Original.

THE INSOMNIA OF DELIRIUM TREMENS RELIEVED BY HEROIC DOSES OF QUINIA.

RY E. FRANK WALLER, M. D.

In this article it is desired to note the sedative effects of quinia without entering into a minute description of the case in which its action was observed.

On Monday morning, June 9th, Dr. J. S. Waller was called to see Mr. —, druggist, who was in incipient delirium tremens following a debauch which lasted six days. The patient, when first seen, had quit the use of alcohol, and had slept none for forty-eight hours. Administered a saline, gave full doses of potassium bromide and chloral hydrate, and in the afternoon began the use of tinct. cinchonizæ comp.

During the day the patient was comfortable, but at night his insomnia became more aggravated, his vigilance more marked, and his mania more decided. His visual field became crowded with formidable and designing enemies, none of whom, however, he seemed disposed to avoid. He is when sober a man of "sterling grit," and, unlike most unfortunate people, he maintained this admirable attribute throughout the whole of his present trouble.

At 8 o'clock Tuesday morning patient's wife went to the house of a neighbor, half a square away, and left him alone in his residence over the store-room. She returned a few minutes later, found the doors locked, but induced him to admit her. He held in one hand a pistol, in the other an almost half-emptied morphia-bottle, having, as was afterward ascertained, swallowed *twenty-four* grains of the sulphate of morphia.

We were called, and immediately gave a prompt emetic, and followed this by pulverized charcoal in milk. At the end of two or three minutes this was ejected; repeated, and again ejected. Gave him coffee over a period of two hours, during which time his pupils became much contracted. Kept him awake until 2 o'clock in the afternoon, when he fell into a sleep which lasted only for a few minutes, when his vigilance and tremor returned with renewed vigor. Tuesday night his delirium was so violent that it became necessary to have attendants watch him.

At 6 o'clock Wednesday morning I gave him bromide potass. and chloral, each \mathfrak{D} ij, and repeated one and two hours after, with little effect. Dr. J. S. W. directed deod. tr. opium to be given through the day, but this failed to relieve. At 8 o'clock in the evening an ice-cap was applied, which seemed to quiet his delirium and render him more comfortable for a time. At 10 o'clock he became furious.

It was at this critical stage of the trouble that Dr. J. S. W. recalled to memory the recent reports of the sedative effects in typhoid fever of large doses of the sulphate of quinia. He accordingly gave the patient forty grains, with capsicum added, and left him in my care. Soon his manner began to change, and at 1 o'clock (three hours after first dose was given) I repeated the quinia, and in less than fifty minutes the patient was sleeping. He slept six and one half hours, waked, resumed his sleep Thursday afternoon, slept well the following night, and regained his former mental balance.

Since the attack the patient has abstained from the use of alcohol, and declares that he will never taste it again. He is now in better health than formerly, and says the future seems brighter.

HANSON, KY.

Correspondence.

PARIS LETTER.

My Dear News:

This morning I spent most delightfully with Professor Charcot, at the Saltpetriere, seeing many of those marvelous and rare forms of nervous disease described by him in his writings. The Salpetriere is a sort of poor-house, in which disabled and incurable paupers are sheltered to the number of six hundred, a large proportion being epileptics, paralytics, lunatics, etc. In America we should consider this institution a very old one, as it numbers nearly two hundred years of existence; but it is very modern compared with the Hotel Dieu, which was founded some nine hundred or twelve hundred years ago. Prof. Charcot possesses in an eminent degree the most essential quality of a great physician, abundant common sense. He is eminently practical. He is a wise doubter, and is slow to accept the assertions of the brilliant writers who lead captive so many of the youthful and faithful members of our profession. He is a believer in the crucial test of clinical experiment. I am glad to learn from him that he does not esteem metallo-therapy of any practical utility. He says it is an interesting physiological study, and its effects are curious; but at present it can merely be considered as interesting and curious and worthy of further investigation. He showed its effects upon a woman the subject of hysterical hemianesthesia. Her entire right side is devoid of sensibility. A needle or knife stuck through the skin any where on this side produces no feeling, whereas on the other side sensibility is normal. She was blindfolded, and a very large horseshoe magnet was placed by her hand upon a table. In a few moments the sound side was entirely anesthetic, and the needle pricked the hand, arm, and head without giving the slightest pain. The anesthetic side became perfectly sensible, and the patient, both by words and movement, gave expression to the perception of acute pain. On the removal of the magnet the sides resumed their former condition. This

patient Prof. Charcot has never been able to mesmerize. Her right ovary is excessively tender. Hysterical hemianesthesia always occurs on the side in which the ovary is diseased. Where the anesthesia is on both sides both ovaries are diseased. Metallo-therapy and electricity give only temporary results in these cases. Another patient was exhibited who, though formerly easily mesmerized, now can not be put in that curious state. I call it mesmerism for want of a better term. Other patients were shown, subjects of general or partial hysterical anesthesia, paralysis, etc. A description of the most striking one will give you a correct idea of the experiments. A plump and comely woman of twenty-five years, with a bright, smiling face, good color, and apparently in high health, was directed to hold out her hands while Prof. Charcot proceeded to run a long steel pin as large as a knitting-needle, and not very sharp, through various portions of her hands and into her arms and scalp. She at first decidedly objected; not that it hurt her, she said, but because she did not like the sight of the blood, and did not like the thought of having her skin and flesh pierced. Her eyes were covered, and the needle was punched all about through her hands and deep into her arms and scalp, and the blood trickled from many wounds, and yet she did not shudder or wince, and declared she felt not the slightest sensation of any sort. Prof. Charcot now leaned forward, with his face ten or twelve inches from the patient's, and gazed intently into her eyes for a few moments, when her eyes closed, her head drooped, and she was profoundly asleep. He now pressed sharply with his nail upon the facial nerve just in front of the ear, and the mouth drew back on that side. He pressed sharply upon the inner aspect of the arms, and the arms and hands and fingers contracted to their utmost and with intense rigidity on themselves, so that I found it impossible to straighten them. Rubbing hard or sharply pressing the outer aspect of the arms speedily removed the clonic spasm. The under-surface of the tongue was pushed firmly with the nails, and it curled back on itself hard and firm. Considerable rubbing on its upper surface and pinching under the chin were required to return it to its normal state, and Prof. Charcot said the tongue was the most difficult organ to remove the spasm from; but he did not make any facetious and ungallant remarks about its being an unruly member, and especially so in the female sex. In

whatever position the patient's limbs or person were placed they remained as fixed as wood or metal. Being bent back until her body was quite hoop-shaped, she maintained that position till it was changed by the doctor. I asked if she would stand on one leg. "Yes, in any position which does not interfere with the law of gravity," he replied. The right leg was then flexed on the thigh, she was balanced, and there she stood until she was changed by the doctor. Her eyes remained open or closed, just as they were placed. Her arms being elevated, or put in other positions within the range of vision, dropped when the eyes were opened, though when open they did not seem to see. The tonic spasms before spoken of remained after the eyes were opened, and sometimes after consciousness was restored. The artificial sleep was sometimes dispelled by blowing suddenly and violently in the face. When this failed, a punch with the hand in the region of the unsound ovary instantly awakened the patient. The expression of the eyes and face were those of one awakening from deep sleep. No fatigue or soreness followed the exercises. These experiments were performed upon several patients, with similar results.

Prof. Charcot is a handsome man, with olive complexion, piercing black eyes, and of very striking appearance. But it was no peculiar fascination about him that mesmerized these women; for several gentlemen less well favored than the distinguished Frenchman, myself among the number, mesmerized these patients, put them equally well through all the paces described.

I should have remarked that the first patient mentioned was acromatic on her anesthetic side, and that under the influence of the magnet the acromatism, like the anesthesia, changed to the normal side. The colors most generally incorrectly seen by color-blind patients occur in the following order: purple, blue, red, yellow. I give you these experiments just as I saw them. They are not new, but they are certainly curious. These hysterical women eat marvelously little. If you should ask me how I account for these cases, I should simply say I do not account for them. Ask some physiologist.

Prof. Charcot showed a number of crayons and photographs of rare cases of hysterical epilepsy and other neuroses, and he said: "One of your countrymen, in a work upon diseases of the nervous system, reproduces these in his book, and with my descriptions, but he forgot to mention that they

were mine." A distinguished American *confrère* here tells me that he recognizes in the patients in the Saltpetriere the originals of our countryman's plates. It is sad indeed to think that science does not entail honesty; but neither are poetry and painting more potent, and even religion in the case of Abraham, Isaac, Jacob, and St. Peter failed to compel veracity.

Absorption of bone without ulceration or any evidence of inflammation was a thing unknown to me till Dr. Enders, of the Sandwich Islands, sent me, some months since, a description and a photograph of a leper whose fingers were thus consumed. To-day I saw in the Saltpetriere an old woman in whom the head and neck of the humerus are gone. The end of the bone, smooth and rounded, rests on the clavicle when she is recumbent, but can be moved in any direction without pain. The scapula is melting away, and seems already partially divided, the two parts being movable. Twelve months ago the absorption was first detected. On the same side the upper portion of the tibia and fibula and the lower end of the femur are gone. The rounded ends of the tibia and fibula lie in the popliteal space. You can move them about in any direction without discomfort to the patient. This woman is thin and flabby, but not more so than most very old people. She has good color, appetite, and digestion. The absorption is the only symptom, the only visible evidence of disease in the case. Disease of the spinal cord leading to arrest of innervation to the bone, Prof. Charcot thinks, is probably the source of the malady.

I have much to tell you of the children's hospitals, skin-hospitals, etc., but will spare you till another occasion.

L. P. YANDELL.

HOTEL CONTINENTAL, PARIS, August 29, 1879.

A CASE OF VIOLENT PUERPERAL CONVULSIONS PREVIOUS TO BIRTH OF CHILD.

To the Editors of the Louisville Medical News:

I was called at 9 o'clock P. M., August 13, 1879, to attend Mrs. T., primipara, in labor. Upon inquiry I learned that her bowels had been regular, acting every day once or twice, and the membranes ruptured early in the afternoon without pain, with a large quantity of water discharged. By vaginal examination I found the mouth of womb dilated to about the size of a silver quarter dollar, and dilatable. I sat by and watched her till

11:30 o'clock, there being occasionally a slight pain. I laid down in an adjoining room, with instructions to her mother to call me whenever the pains became hard. I heard no complaining till 3 o'clock A. M., August 14th, when Mr. T. told me I had better come in, as the pains were getting harder. She said she had two or three right hard pains. At 3:30 o'clock I examined her, and found the os fully dilated and the child's head in the pelvis. While I was making an examination a pain came on and forced the head well down in the pelvis. I remarked to her that if nothing occurred to retard the labor she would soon be through. She had another pain just as the clock struck four. When the pain went off she asked me what the clock struck. I said four. At that instant she was seized with a terrible convulsion without the slightest premonition; in ten minutes another pain, and with it a convulsion. The convulsions continued, but she had no more pain. I sent immediately for Dr. J. S. Seaton, chloroform, and my instruments. Dr. S. arrived in about fifteen minutes—living less than a mile distant—just as she was going into the third convulsion. We bled her from the temporal artery, fourteen ounces measured, and quite as much spilled by the tossing of the head in the spasm. By this time the chloroform and instruments were at hand. Gave her chloroform and performed craniotomy—as I found it very difficult to introduce the second blade of the forceps, and knowing beyond a doubt that the child was not alive after the first convulsion—and delivered as quick as possible. There was not the slightest pain during the operation. She never appeared to be conscious of any thing after the first convulsion. Dr. W. W. Senteney, of Louisville, was sent for, and saw her about 4:30 o'clock. He proposed ten-grain doses of bromide of potassium every two hours, a purgative dose of calomel, the hair cut off, and cold water continued to the head. The calomel purged her in some seven or eight hours freely three times, but she remained unconscious without the slightest indication to rally. She died at 8 o'clock A. M. August 15th.

This, I think, was clearly a case of apoplexy. From the first convulsion the left side was paralyzed, and she continued unconscious. The case was interesting and terrible to me, from the fact especially that it is the first and only case of convulsions that has occurred in my practice of twenty-nine years.

S. N. MARSHALL.

JEFFERSONTOWN, KY.

Reviews.

The Yellow-fever Germ on Coast and Inland:

A Discussion on Ship and Railroad Quarantine before the Medical Association of Georgia, Rome, April 18, 1879. By HENRY FRASER CAMPBELL, M. D., Augusta, Ga., chairman of Committee on Endemic, Epidemic, and Contagious Diseases, in the Board of Health of the State of Georgia.

In fulfillment of the promise contained in my second notice of Dr. H. F. Campbell's paper on the yellow-fever germ, I now take up his appeal to antiseptic surgery as "remarkably corroborative" of the "yellow-fever germ." I think that nothing short of a great logical stress could have driven that distinguished gentleman into such a roadstead as this. I think that antiseptic surgery might be adorned with brilliant results, might be crowned with great success, without giving the least countenance or corroboration to the "yellow-fever germ." Prof. Tyndall and his followers have loaded the air with a vast variety of denizens, but beyond that fact they have contributed not a truth to medical science. Prof. Tyndall, in some of his gyrations about medical philosophy, has made himself the laughing-stock of men of medical science, and affords a pitiable spectacle. Upon his attempts at explaining the causes of epidemics there might well have been written *ne sutor ultra crepidam*. In his own province Prof. Tyndall is well nigh unrivaled; the moment he steps outside of it he makes himself ridiculous.

We know a great deal about the atmosphere, that vast aerial ocean that furnishes us the pabulum of life, but there is an immense amount of interesting problems connected with it of which we know nothing. For example: carbonic acid gas is as essential to the growth and form of vegetable life as oxygen is to animal life; but the carbonic acid gas is a fixture in vegetable forms. Now the problem for solution is, how is this gas kept up? If not renewed from some quarter vegetable life would reach extinction. From whence comes the renewal? Those who people our air with "yellow-fever germs," with infectious dust and particles of epidemic pestilence, should turn their attention to this vital problem. While engaged in works of imagination I am surprised that no one has thought of conjecturing that disease-producing "germs" are manufactured in planetary spaces. There is a vast array of invisible as well as visible meteors loading the air with planet-dust. The deepest sea-

dredgings bring up this dust, and Professor Newton computes the fall at ten millions a day. Here is a field of research: the destruction of these meteors. They bombard us very freely, but fortunately our atmosphere usually divides them into fine particles. One of them has just started a lawsuit in France. While thus enlivening the lawyers, why may they not amuse us in a medical disquisition?

But to antiseptic surgery as corroborative of "yellow-fever germs." I again quote the language of Dr. Henry F. Campbell on this topic, in which I confess he surprised me greatly. He says: "No single induction of modern and advanced science has been more established or more constantly and effectually acted upon than that which affirms the existence of morbid atmospheric germs. The entire complement of antiseptic surgery, with its reliable results and brilliant achievements, depends upon this rational assumption, and upon the devising of methods for preventing germ ingress and for securing germ destruction. From this direction it is clear the 'germ-theory' of yellow fever receives a remarkable corroboration." Now I have been a very diligent student for upward of fifty years of every thing connected with the science of medicine, especially in every thing pertaining to the practice of the profession, and I have yet to find either in "advanced" or unadvanced "science" any reasonable proof of "morbid atmospheric germs." I can find great amplitude of assertion, without even the shadow of logical evidence. I have studied the great work of Parkes on Practical Hygiene with assiduity, and I find that he gives "the morbid atmospheric germs theory" a number of reeling blows, without in any degree bolstering it. The confrère of Prof. Campbell on microscopic germs, Dr. Salisbury, does not fare well in Dr. Parkes's examination. The great sanitary works of the age are not very favorably impressed with the idea of "atmospheric germs" of disease. They urge with great force the all-powerful aid of perfect drainage as the means of securing and preserving health. I am well aware that facts, however observed, are never inflexible nor stubborn to men of imagination.

Thus much for this shadowy domain. All that has been said on the subject has not saved a human life nor improved the condition of the people. The preservation of life and the improvement of the people has been entirely due to other measures that are well understood and that worked in a different direction from a war on "morbid

atmospheric germs." We turn now to something tangible, to something upon which we can place our hands, and to something that we may be able to understand. I mean "the entire complement of antiseptic surgery, with its reliable results and brilliant achievements as affording a remarkable corroboration of the germ-theory of yellow fever." If this bantling is driven to this harbor for refuge we fear that it can not long survive the shocks which it must receive. I would not be querulous upon the "improvements" which Mr. Lister has made in the surgery of Edinburgh, nor would I withhold from him the praise that is due to him. There is too much disposition to decry the labors of medical men who introduce innovations upon established methods; there is not a discriminate judgment used always in weighing these measures. We may praise the care and cleanliness resorted to by Mr. Lister as conducive to his success without giving our adhesion to his theories respecting "germs" or to the destructive power of carbolic acid over these "germs." All of that may be as thin as rarefied air, as we shall presently see.

If antiseptic surgery is entitled to its claims the first thing that strikes us is the great indifference of the mass of surgeons to its pre-eminence. We can not justly charge that they are indifferent to any means of success in the practice of their profession, nor is it true that they are less successful than others. What then is the meaning of this extraordinary state of things? If they were markedly defective in curative measures they would seek to remedy the defect. If there are "reliable results and brilliant achievements" in Mr. Lister's antiseptic surgery the mass of surgeons would wheel into line and shout *Io peans* over his "brilliant achievements." Yet the great mass of surgeons stand aloof from it. Let us hear what one of the great London teachers of surgery says upon the "remarkable corroboration." I allude to Wm. S. Savory, F. R. S., Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital. He says: "If the germ-theory in its past and present state contained the truth, the whole truth, and nothing but the truth, what possible explanation is to be given of that which is to be witnessed daily and hourly—the kindly repair of exposed wounds? I will venture to say that any one who had no clinical experience, but who accepted all that he could read on the germ-theory, would inevitably come to the conclusion that to expose any wound unguarded

to the atmosphere would be to seal the fate of the patient. But what is the fact? Who requires to be informed? Then is it not clear that the whole truth has not been told? Nay, further still, not only are exposed and unguarded wounds constantly to be seen in healthy process of repair, covered with secretion which presents no evidence of putrefaction, but wounds are sometimes seen bathed in fluid which, if injected into the blood, would forthwith produce all the effects of blood-poisoning in the most intense degree. And yet farther: not only may such fluids lie in contact with open wounds without provoking any evidence of mischief, but a collection of the foulest fluid in a state of the most active putrefaction may be pent up in a closed cavity under considerable pressure—as, for example, in an anal or pharyngeal abscess or in an abscess around dead bone—I say a collection of matter large enough and poisonous enough to destroy a host of persons, if passed into the blood, may remain thus pent up in the body for a long period without any visible disturbance of the general health. It is obvious then that the contact of wounds and raw surfaces with even putrefying fluids is not always enough, for this is seen continually without evil effects. They must be transmitted to the blood. I hardly know what would become of the practice of surgery if this were a matter of course. In point of actual fact—a fact second in importance to none in surgery, but which is the fashion just now resolutely to ignore—I say in point of fact it is very far from it.” . . . “All wounds, except the most recent, when tolerably healthy are covered, as we all know very well, by a newly-formed delicate structure sometimes called granulation tissues, sometimes presenting other but kindred forms, but which in any case constitutes a continuous layer interposed between the blood and whatever may be on the surface; and it appears to be pretty clear that this animal membrane has, like similar structures of the class, the property of separation; that it has the power of allowing the transmission of certain substances and of rejecting others; and that upon this simple action of dialysis health and life very often depend. I say this explanation has been made reasonable by observation and experiment; but whether it be wholly or partially true or not, the fact, the vital fact, which it attempts to explain remains. Pause, if only a moment, to think of it!—a fluid all-potent for mischief, intensely poisonous on the one side the blood,

to which, if it gain access, follows destruction on the other, and a very thin, very delicate, most fragile membrane only intervening! Truly enough, to the patient ignorance of this is bliss; and surgeons just now talk and write and practice as if it were folly to be wise.” . . . “Furthermore, be it remembered that these two conditions, as the rule, are found in company. The fresh fluid upon the surface of a wound which is healthy and in process of repair is innocuous. No mischief of this kind lurks in fresh, healthy pus; and if the fluid which bathes the surface of a wound becomes foul or putrescent the character of the wound itself is apt to change and the integrity of the surface to suffer. Therefore a healthy wound in process of repair and a fluid on the surface which is innocuous, as the rule, go together.”

Mr. Savory quotes a very great truth from the address of Dr. Roberts: “You can not successfully inoculate the healthy tissues with septic bacteria. It has been proved over and over again that these organisms, when separated from the decomposing medium in which they grow, can be injected in quantity into the blood or tissue of a healthy animal or applied to a sore on its skin without producing the least effect. The healthy living tissues are an unsuitable soil for them; they can not grow in it; or, to put it in another way, ordinary septic bacteria are not parasitic on the living tissues.” “This fact,” he continues, “is of fundamental importance in the discussion of the pathology of septicemia. We have a familiar illustration of its truth in the now common practice of subcutaneous injection; every time you make a subcutaneous injection you inject septic germs into the tissues.”

Mr. Savory, after this thorough demolition of the extravagant claims of “antiseptic surgery,” appeals to statistics. He says: “I have no intention of trespassing on your patience now with any formidable array of figures, but shall refer to a table showing the statistics of blood-poisoning after operation or injury in St. Bartholomew’s Hospital for the years 1876, 1877, 1878. What then is here shown? That in 1876 the absolute number of deaths from pyemia after operation were two, which is at the rate of .49 per cent, or including erysipelas in the common term of blood-poisoning they were five, at the rate of 1.24 per cent. In 1877 the number of deaths from pyemia were four, at the rate of .95 per cent, or including erysipelas they were six, at the rate of 1.43 per cent.

In 1878 the deaths from pyemia were four, at the rate of .96 per cent; with erysipelas seven, at the rate of 1.68 per cent. Once more, during the three years there was a total of eighteen deaths from blood-poisoning after twelve hundred and thirty-five operations, and this is at the rate of 1.44 per cent."

These are the testimonies of one of the best-placed surgeons in the world for the investigations of surgical phenomena. The universal voice of the profession will assign the front rank to St. Bartholomew's Hospital. It has been adorned with an Abernethy, a Stanley, a Lawrence, and is now rich in the possession of Mr. Savory. Its voice has been potential during nearly all this century. The arguments of Mr. Savory and his statistics are overwhelming. They do not leave a footstalk upon which that which is distinguished as antiseptic surgery can stand. It has been thirty years since Skeye published his work on Surgery. In it he acknowledged his great obligations to Mr. Savory, and predicted that he was destined to adorn the highest departments of surgery. This has been verified in great fullness.

Kentucky has been triumphant in her surgical records. Dr. Brashear was the first to amputate the hip-joint, McCreery was the first to remove the clavicle, McDowell was the creator of ovarian surgery, and during this present year due honor was awarded to him at the meeting of the State Society. In no one of them was any attempt at what is called "antiseptic surgery." While all these great triumphs were going on, a surgeon in Lexington, Ky., was building up an unparalleled reputation. In the domain of general surgery he never had an equal; as a lithotomist he stands without a rival. In his long career as the first surgeon in the United States he never resorted in any way to what is technically called "antiseptic surgery, or the devising of methods for preventing germ ingress and for securing germ destruction." Here then is a beautiful field of surgical success second to none in the world, from which "carbolic acid and drainage-tubes" were entirely excluded.

But we may profitably make another survey. Prof. B. W. Dudley's great career was under my immediate observation. That to which I now refer was also under my immediate inspection. A blind child stepped out of the fourth-story window of the Willard Hotel and landed upon the pavement below. Her legs were badly fractured, the

fractures being compound and comminuted. There never was a more rapid nor a more perfect recovery. The paraphernalia of "antiseptic surgery" was rigidly excluded from this case. She was treated in the City Hospital.

Prof. D. W. Yandell has had a great number of severe injuries to manage independent of his numerous surgical operations. One was the case of the Hon. Jeremiah Black, who was severely injured on the Nashville Railroad. He made a complete recovery, and comparatively a very rapid one. On another occasion the friends of a poor man who had been severely injured in the foot at the Nashville Railroad depot were on their way to the City Hospital with the victim. He wished Dr. Yandell to take charge of his case, and that gentleman had his attention called on Broadway to the case. He immediately gave an order for his admission into St. Joseph's Infirmary. There were great doubts whether the foot could be saved, but this was done by the great virtues of cold water and perfect rest. These are reported as examples of a large class of cases, and certainly no one has met with greater success in his surgical treatment. One very striking case should be mentioned. Dr. D. W. Yandell amputated both legs of one of his patients. One of the stumps was treated with "antiseptic" appliances; the other as an open wound. The latter recovered very kindly and in advance of the other limb under "antiseptic" treatment. There is no surgery any where in the world that is more successful in its results than that of the United States, and almost the entire mass of it is managed without any attempt at "antiseptic" treatment.

I admit without hesitation that the "yellow-fever-germ theory" is in great want of "corroborative" proof. It needs bolstering, but it looks in vain to "antiseptic surgery" for support. That is a very rickety crotchet that sadly needs support itself—too sadly to waste any of its feeble forces on other crotchets. A great deal is claimed for certain things, such as "carbolic-acid dressings and drainage-tubes," in antiseptic surgery, for which there is not the semblance of proof. They are resorted to, and results are claimed for them with which they have nothing to do in fact. The drainage-tube is a very great evil, but it belongs to a theory, and is thereby upheld despite its obvious injurious results. Men very often start a crotchet; with it they resort to all other things that are known to be reasonable and

proper, and then ascribe the good results to the crotchet. And when we find hosts of the gravest injuries are treated successfully by the reasonable and proper methods without the crotchet we are perfectly able to take its measure. When I first came to Louisville there was an old physician here who professed an intense piety. He was in the habit of saying quite frequently that he never ordered a dose of medicine to any patient without praying to God to impart his blessing to the prescription. I never had any reason to suspect that the prayer was answered. I saw at least equal potency in prescriptions that had no prayer uttered over them; but it would not have done to tell him so. A doubter would have been called an atheist.

The great triumphs of surgical art are won by securing perfect rest for the injured parts, and by cleanliness. Beyond these we can not secure aid from any quarter. They have won immortal honors, honors that are imperishable. If Prof. Campbell will turn his attention to the work of Parkyns on Abysynia he will find that the most terrible wounds among that people heal kindly and rapidly without an attempt at any thing like "antiseptic surgery." The wounds are not even covered up. Any good work on the New Zealanders teaches the same profitable lessons; and who among moderns has surpassed the illustrious Chesselden in the triumphs of surgical skill? Until the days of Prof. B. W. Dudley, Chesselden surpassed all other surgeons in the almost invariable success that attended his operations of lithotomy. In his day John Bell was one of the most renowned surgeons in Europe. As a master of the roller bandage he had no equal. His surgical deeds are of record in Edinburgh. Let us have carefully collated tables of the surgery of John Bell compared with that of Mr. Lister. John Hunter, Sir William Blizard, Henry Cline, Sir Astley Cooper, and Abernethy were stars of the first magnitude in the firmament of English surgery. Their surgical deeds deservedly immortalized them. Let us not forget that there were kings before Agamemnon. These great masters were innocent of all knowledge of those appliances called "antiseptic surgery." And shall we forget the effulgence of these glorious orbs because a twinkling, uncertain, dubious asteroid has appeared in a distant part of the firmament?

In my next review of the monograph of Prof. Campbell I shall take up some other points connected with the "germ-theory"

of yellow fever. The inquiry is of the profoundest interest; the examination is laudable in an eminent degree, and should be conducted by those methods which, if they do not lead to absolute truth, teach us to avoid recognized errors. Prof. Campbell performed a very meritorious work in announcing that there is "no personal contagion in yellow fever." He deserves and should receive the due meed of praise for that act of medical righteousness. T. S. BELL, M. D.

LOUISVILLE.

Consultations.

Duo capita quam unum meliora.—CELSUS.

The following is from a very genitive friend in Massachusetts:

I submit to your Query for a list of Drugs to fill a Doctors pocket case the following list

Pulv Sodæ Bicarb. For an antacidi
 " Bismuthi Subnetratis
 " Pulv Gum Opii (Squibs)
 Sulphatis Morphiae for pains when to get im-
 mediate effect
 Pulv Opii et epicac
 Hydrg. Submuriatis. (Calomel)
 Hydrg Cum Creta.
 Tr Aconite Root
 Fluid Ext Belladonæ
 Fluid Ext Ipecace
 Pulv Potass Nitrate
 Tr Or Fld Ext Hyoscyamus where Opii would
 not be admissiable

SIR Seeing the Query From a Physician for A list to fill his pocket case. I send the foregoing They are Drugs which I find a Physician com use in most cases of evey day practice As you will see I have givin a list of Opium in its 3 form viz Oepium in Gum form also the Salts of Marphin Also Pulv Doveris comp. I find the latter Drug to be a fine prepration in Intestinal trouble of children.

X.

EAST SOMERVILLE MASS

Miscellany.

THE EXPERIENCES OF A SUCCESSFUL PRACTITIONER.—From correspondence New York Medical Record:

There are some physicians who believe that the Code of Ethics was made solely for the benefit of the older members of the profession who have secured a position. I

used to think so when I was younger. Now I believe that the next thing to looking after your own interests and seeing that you have a fair show in the race for professional success is to stand up for medical ethics through thick and thin. Without shocking any personal modesty, I may say that I have followed out this principle with a good result. There is such a thing as being charitable to your brother; and if you can only show that charity to advantage before a third person, you are quite sure to benefit yourself, especially if the third person is in need of medical advice. But all the while you must keep a single eye to the glory of the Code, and recollect that he who plays with fire must have a long reach. As I said before, I never lose any opportunity of speaking well of a professional brother when I am accidentally called to see his case. To this, in fact, I owe most of my success in practice; for not only will his patients force themselves upon me, but he will call me in consultation to others. As there are not a few who would like to know how this is done, I may perhaps flatter myself that a little detail of personal experience may not be uninteresting. By way of premising, let me say that I am particular to cultivate younger men and help them along in practice as well as I can. To illustrate this particular point I will refer to an instance or two that occurred in the earlier practice of Pine Ridge, which showed the benefits of my magnanimous spirit.

One morning, in driving through the village, I noticed the bright new sign of Dr. White. I smiled an inward satisfaction, and resolved to be his friend. At once concluding that I had more business than I needed, and that there was plenty of room for the new man, I resolved to call upon him and welcome him to the town. This was done, and to my surprise he stated that he had not been led to expect such courtesy. The evening passed pleasantly, and notwithstanding we were interrupted by my servant with fifteen calls for me, to which I must attend before retiring, the festivities were kept up until a late hour. As I left him I just happened to think of my patients, when he pitied me and charitably wished himself in my place. His young and innocent smile appealed to my heart; and soon after, when dropping to sleep on my couch, and thinking of his surprise at my fifteen extra patients, I resolved to be his friend. As he was working principally for a reputation, I commenced my good deeds by recommend-

ing to him such chronic cases as I did not want and who could not pay. I introduced the first patient by note, and received a gracious and appreciative reply, which hangs duly framed in my office. But this is by the way.

I dropped in every now and then to see him, and, he being always in, I seldom lost the opportunity for a quiet and confidential talk. He was well prepared to practice, having studied two full years and attended in that time four courses of lectures, and received two prize medals and a certificate for a month's attendance upon a post-graduate course. My soul warmed at the opportunities I should have of recommending him accordingly to some of the good-paying patients I should send him. It may be well to state here that at the outset of my acquaintance with him I made him a present of a copy of the Code and secured his membership to our county society, thus insuring his professional standing. Need I say that with all these advantages the young man succeeded? He did. Is it a wonder that I should be gratified! Hardly. And could I be blamed for giving him help when he did succeed? But I proceed with my illustrations; and as details of cases are sometimes more instructive than generalities, I make no apology for introducing one or two here.

One summer afternoon I was driving past Smith's, and was asked by Mrs. Smith to look at her son Henry. Notwithstanding I was in a great hurry, and had to visit thirty patients before supper, I consented to see the patient. I at once told the mother that the child was very sick, that it had evidently been left too long without proper treatment, and chided her for neglecting to send for me before. When she informed me that Dr. White was attending the case, I at once became mortified at my indiscretion, and for a time could not see my way clear to vindicate my brother's good name and uphold professional honor. Of course I at once backed down, and openly confessed that I did not know that Dr. W. was in attendance; that he was a good fellow, a friend of mine; that I was sorry I had said any thing against him; that he was probably right—at least I hoped so; that it was against our Code of Ethics to criticise each other's treatment, to destroy the confidence of our patients, or in any way strive to replace each other. The child vomited at this time, and I arose to retire, declining to have any thing to do with the case till Dr. White should be sent

for. The appeals of the mother brought me back, and I held the child's head. At the same time I whispered words of kindness in his ear. I informed the mother if it were my case I should have the child seen to at once, and urged her to send for Dr. White. I found a good opportunity to say to her that Dr. White, although a very young man, with but little experience, was remarkably apt; that although he was brought up as a carpenter, he had learned the science of medicine in two years, and that such enterprising men should be encouraged. Politely declining to have any thing more to do with the case, I gracefully retired, promising to stop myself and send Dr. White around. I did so, telling him what good service I had done him, and how necessary it was in all our relations to prevent ill-feeling and jealousy by sticking to the Code and acting squarely with each other. I heard no more of the case until that evening, when I was summoned to meet Dr. White in consultation. I informed the father, who summoned me, that I was very much pressed for time, but that I would nevertheless do all I could to help my friend White.

Having arrived at the house, Dr. W. examined the patient first, but quickly yielded to me. Anticipating that the case would be a difficult one for diagnosis, I had brought all my instruments of precision with me. Unfortunately Dr. White had none of these, but I believed it to be my duty to give the patient every chance. I examined the eye with the ophthalmoscope, and demonstrated to Dr. W. and the father of the child the commencement of a choked disc. Dr. W. had never seen such a thing before, and he was honest enough to say so before the family. The ear-speculum showed a slight opacity of the tympanum due to thickening around the malleus and slight edema over the site of the tensor tympani muscle. The laryngoscope disclosed patches behind the uvula and a slight paralysis of the right vocal cord. The cephalic temperature was slightly increased ($\frac{1}{200}$ of a degree) over the right or affected eye. A slight aortic murmur, a crepitant râle, at the base of the lung proved the value of a stethoscopic examination. The liver was normal, but on account of the relaxation of the umbilical ligament hung a little low. Thermometer in the rectum marked 101° F. Urine collected to be afterward examined. Tested upon the spot by a urinometer, much to the satisfaction of the father, who was pleased with the delicate action of the instrument.

The rectum being examined, some ascares vermiculares were found, indicating a faulty nutrition of that point. The worms were slightly asphyxiated. Unfortunately Dr. W. had not examined this part of the body, a fact for which he was quietly blamed by the mother, who said from the first she "thought it was worms." I politely informed her that the doctor had done every thing that was really required, and that my examinations were necessary only for the sake of clearing up any doubtful points. In fact, it was only called for upon the ground that experience had taught me that it was best to be on the safe side. The child having some diarrhea, I asked to see the passages, remarking casually that now we should have a clue to the whole trouble. The mother had not saved the passages. Unfortunately for me, before I thought, I asked the doctor what was their character, and he was forced to reply that he had not examined them. Determined to shield the doctor, I changed the subject by remarking that after all it might not have been of any importance, only I should like to have seen them for my own satisfaction—a matter so purely selfish that I was forced to smile as I referred to it. I forgot to mention that the prepuce of the child was slightly elongated, that he had a strong liking for sugar and peanuts, and was occasionally peevish when crossed.

While I was washing my hands the father was examining my instruments and asking the doctor all sorts of questions as to their use. I confess I was somewhat surprised at the latter's ignorance, and made an excuse to give the necessary explanations. This was done more to turn the subject of conversation than for any desire to satisfy the inquisitive parent.

After tucking Harry under the chin and bidding good evening to the parents, I retired with the doctor for formal consultation. We agreed that it was a simple case of intestinal irritation, and I suggested a change from rhubarb and soda to chalk-mixture well sweetened and highly flavored. "But," said Dr. W., "how about the choked disc?" I replied that such, as well as the aortic murmur and increased cephalic temperature, was due to slight congestion of the pons varolii which was reflected through the vasomotor system of those parts. He was satisfied, and thought it best to give such a diagnosis to the mother. I agreed; but he became confused in his explanations, and I had to help him out.

While Dr. W. was in with the child pre-

scribing the new medicine, I started to go, when the father waylaid me in the hall, asking all sorts of questions about the case. I informed him that the child would probably get better now; that Dr. W., who although young was willing to learn, had agreed to change the medicine; and that if he was careful in studying the new symptoms he would not need any further assistance. While doing this I impressed on him the fact that I was a great friend to Dr. W.; that he was an exceedingly apt scholar, and, for his opportunities, he was the safest doctor of his age that I knew. Just then the doctor came out of the room, and I kindly put my arm in his, we walked out together, and I confidentially informed him that, though his position was a little shaky in that family, I had done my best in accordance with the Code to hold up his hands and say what I could for him as a professional brother. He thanked me, and we parted on the corner.

When I arrived at my office the father of the child was waiting for me. He requested me to see the patient again that night. The child had vomited since the visit, and the parent did not believe Dr. W. understood the case. In fact he desired me to attend it henceforth. This at first I flatly refused to do; but how I managed it afterward, to the satisfaction of all hands, will be seen in my next.

HYPODERMIC INJECTION OF MORPHIA.—Dr. H. H. Kane, of New York City, who has for some time past been collecting statistics upon the hypodermic injection of morphia, would consider it a great favor if members of the profession who see this and have had experience with the instrument will answer the following questions:

1. What is your usual dose?
2. Do you use it alone or with atropia?
3. What is the largest amount you have ever administered?
4. Have you had inflammation or abscess at the point of puncture?
5. Have you had any deaths or accidents caused by this instrument?
6. Do you know of any cases of opium-habit thus contracted?

Where there has been an autopsy (5) please state the fact and the results obtained therefrom. All communications will be considered strictly confidential, the writer's name being used only when he gives his full consent thereto. Address all communications to Dr. H. H. Kane, 366 Bleecker Street, New York.

Selections.

Cold Climates in the Treatment of Consumption.—Talbot Jones, M. D., in *New York Medical Journal*, thus summarizes his views on the Effect of Cold Climates on Phthisis: 1. No zone enjoys entire immunity from pulmonary consumption; 2. The popular belief that phthisis is common in cold climates is fallacious; 3. The idea now so prevalent that phthisis is rare in warm climates is as untrue as it is dangerous; 4. The disease causes a larger proportion of deaths on the seashore, the mortality diminishing with elevation up to a certain point; 5. Altitude is inimical to the development of consumption, owing chiefly to the greater purity of the atmosphere in elevated situations, its freedom from organic matter, and its richness in ozone; 6. Moisture arising from a clay soil or due to evaporation is one of the most influential factors in its production; 7. Dampness of the atmosphere, from whatever cause and in any altitude, predisposes to the development of the disease, and is hurtful to those already attacked; 8. Dryness is a quality of the atmosphere of decided value; 9. The most unfavorable climate possible for consumption is one of uniform high temperature and a high dew point (warm and moist); 10. That the effects due to change in the atmosphere are by no means so pernicious as are generally supposed, and that upon this subject present views require modification.

Quinine in After-pains.—A discussion in the Richmond (Va.) Academy of Medicine brought out strongly the value of quinine in subduing after-pains. Dr. James B. McCaw said that recently he has found quinia in full doses one of the most potent remedies for labor after-pains. He mentioned the case of a lady lately under his charge who had borne six children; always having an easy delivery, but suffering after-pains of a most painful character for five or six days. Formerly he used camphor, opium, enemata of morphia, etc., but could not succeed in cutting them short. In her last confinement he determined to test the quinia treatment, and gave her five grains sulph. of quinia after the first after-pain, which was very severe, and repeated the dose at the end of four hours. The remedy acted like a charm, perfect relief from these pains resulting. Dr. O. Fairfax stated that in his hands quinia had yielded the same results as spoken of by Dr. McCaw, being much more certain in its action, and not followed by the train of unpleasant symptoms so frequent after the use of opium. Dr. L. B. Edwards had used quinia regularly for the purpose named ever since its recommendation in the year 1874 by Dr. William Goodell, of Philadelphia. Dr. O. A. Crenshaw had used quinia for after-pains, and was satisfied no better remedy existed.—*Virginia Medical Monthly*.

Sedatives in Excitement.—In the treatment of excitement, if sleep at night could be produced, the patient is better than when kept under the influence of sedatives during the day. Although chloral is a most efficacious sleep-producer when given at night, yet as a sedative employed in frequent or repeated doses it is dangerous from its depressant effect on the heart. In the excitement of general paralysis it is not good treatment to give sedatives that tend in their action to diminish the already impaired powers of locomotion and deglutition.—*Dr. J. A. Campbell, in London Lancet*.

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

IN spite of the defense of the Baltimore College of Physicians and Surgeons, made by one signing himself "Medicus," in the Southern Clinic, we still aver that the beneficiary system of that institution lowers the standard of educational morals and professional dignity. It is not the smallness of the price charged the "beneficiary" which is particularly wrong, but the pretense that the "beneficiaries" are exceptional and that the college is on a high-fee basis. It is plain to any one that it is no such a thing, as the invitations for beneficiaries are sown as broadcast as their circulars. Morals—at any rate school morals—are progressive. The scheme of the Baltimore College might have passed at one time uncriticised; nowadays it goes for huckstering. And why gentlemen of such standing as those connected with the Baltimore school, and with such advantages as their situation naturally possesses, should resort to such means to fill their benches is not clear. As to the remark that the Baltimore College of Physicians and Surgeons is amply able to conduct its affairs unaided, that is all very well. We have heard it before from other quarters, in which our advice, if not thankfully received, was at any rate acted upon at length. We shall continue to cast a fatherly eye over our friends in the Monumental City.

DR. L. P. YANDELL, according to advices, was to ship from Liverpool last Saturday; and consequently by this time is, or ought to be, this side of midocean. Resting a

day or so in New York to receive that hospitality always accorded so freely to every member of the NEWS, he will come back to his home, where we await so expectantly to greet him. We are quite sure that we echo the sentiment of our readers when we say that Dr. Yandell's letters from abroad have been among the most charming features the NEWS has ever possessed. These, of course, must soon cease, but in their stead we shall have the home-work of our colleague, who, restored in health and fresh from his pleasant experiences, will add greatly to the interest of our publication.

WE feel quite certain that the oath which was forced from the president of the American Medical Association, in the Hospital for Sick Children in Paris, and which is referred to in the letter of our Paris correspondent, was dealt with pretty much as was done with that one sworn by "Uncle Toby;" and the accusing spirit which flew up therewith to Heaven's chancery blushed as he gave it in; and the recording angel, as he wrote it down, dropped a tear and blotted it out forever. Brutality to sick children stirs heaven and earth, and our English tongue is the only one favored with expletives strong enough to express a proper damnation thereupon.

WE trust that no one will fail to read the "Experiences of a Successful Practitioner," the first chapter of which appeared in our last number. The second appears in this. They are taken from the Medical Record of New York, where some rascal got ahead of us.

Correspondence.

PARIS LETTER.

My Dear News:

A children's hospital is always a sad place to me; for no matter what may be done for the little ones' comfort, yet they are separated from their mothers, and a motherless child is a sorry sight. Fortunately children are by nature inclined to contentment and happiness, and have short memories for losses. If they are comfortably fed and clothed, and have a few pictures or toys, no matter how common and uncouth, and are not cruelly treated, and do not suffer pain, they are as jolly and free from care as birds or butterflies. In the children's hospitals in London every thing possible is done to cheer and brighten the tiny sick folks' lives. Toys and pictures and books and flowers are provided in abundance, the attendants are gentle, and kind ladies visit the children to read to them, to tell them stories, and to pet them; and the doctors are good to them. The younger children cry after their mothers for a day or so, and the older ones grieve longer; but soon they all get used to their nurses, and the beds and food are so much better than they had at home, and the wards of the hospitals are so much more comfortable than their parents' dreary garrets or cellars or crowded cottages, that content soon comes to them. But one can not look upon their shriveled bodies and crooked limbs and diseased spines and horrid sores, or see them suffering with consumption, croup, asthma, rheumatism, or other painful maladies, without being made heartsick. Is it not strange that women and children, the only really good carnivorous animals God has made, should be doomed to so much suffering? Scrofula in its manifold and grievous shapes, in France as in England, is the most abundant source of chronic disease in children, and the same causes in both countries—heredity, lack of food, foul air, and insufficient fuel and clothing in winter-time—produce it. In all the hospitals you see the same sort of cases. Some of the children look like tiny and weird old men and women, with anxious faces myriad-wrinkled, with eyes sunken, cheeks hollowed; little living skeletons; bones only covered by skin, and the labored breathing and quick-throbbing heart telling of the soul's painful effort to retain its place in its crumbling earthly temple. Others are burning with fever, and the red lips and crimson cheeks tell of the

hectic which is consuming one, while the muddy skin and foul, dry tongue and glazed eye and low muttering tell of the typhoid which is struggling to carry off another. On every hand are the victims of rickets, with contorted limbs, crooked as the roots of trees in some cases, and sometimes with bones so fragile that the slightest fall suffices to fracture a leg or an arm. Even *lupus devorans*, that scrofulous wolf fortunately so rare in childhood, I have seen several cases of. And can any thing be sadder than to see a child's face being eaten away by lupus, and to know that in a hospital patient it may probably devour the nose and ears and eyes before it is asserted? Yes; cancer is worse, for it causes more pain, and it occurs occasionally in childhood.

I observe much more syphilis among the children here than in London. I was struck with this fact when I was in Paris in 1867; and in Vienna there is more syphilis than any where. I see many more saddle-shaped noses in Paris than in London, the results of tertiary syphilis, congenital or acquired; but I have never yet seen any thing to incline me to consider syphilis in any way connected with scrofula. They are diseases as separate and distinct as smallpox and measles.

Though not inclining at all toward surgery, I went with Dr. Sayre to two of the hospitals the other day; and as the doctor's rheumatism disabled his hands from work, I helped his able assistant, Dr. Charley Sayre, to put on some plaster dressings. The first were done at the children's hospital, where I used to meet the genial and gentle and amiable Roger twelve years ago. The children all seemed to love him, and all whom he had to fatigue or pain by examinations he gave little coins to, and for all he had a smile and a kind word. Charcot, by the way, treats his patients in the same manner, and they are very fond of him. I am sorry to say that the nurses and resident graduates of L'Hôpital pour les Malades des Enfants above spoken of are not like they were in Roger's time. The first case we saw was a five-year-old boy with Pott's disease. When the nurse stripped him for examination she lifted him by one arm and turned him about as if he were a billet of wood, and no more regarding his shrieks and supplications than if he had been a pig or a puppy. His disease was in the lumbar region, and on this portion of his back were twenty-eight sores made by burning with the actual cautery for the purpose of counter-irritation, and upon

the sternum was a raw place, half as large as your hand, made by a moxa for the same purpose. How strange that this practice—so cruel, so barbarous, so useless, and obsolete in America—should still be carried on in Paris! In removing the child's shirt it was rudely torn away from some of the sores to which it had stuck; and when the nurse came to take off the dressings of the sores, she ripped them away as unconcerned as she would have peeled an onion. Of course the poor little fellow howled and screamed with agony; but not a whit did his cries disturb this red-faced, pot-bellied mass of female monstrosity. Sayre and I both protested against such useless and horrid cruelty, but to no purpose. I turned away sickened and disgusted, and left the ward; and Sayre swore with an earnestness and an emphasis worthy of the occasion, and I am sure entirely justifiable. Unfortunately, neither the nurse nor the medical attendants understood the language. This child was still red and covered with scaly skin resulting from scarlet fever; and although his itching was severe, he had never been greased. It was deemed best to put the plaster dressing on the little fellow, that he might be relieved of his intense and constant pain. He was brought across the hospital-yard, naked, into the lecture-room, and, the dressing not being ready, he was deposited on a hard table with only a quilt under him. Charley Sayre, however, soon rigged him a more comfortable couch. When the child cried out with pain I saw one of the resident graduates cuff him several times. How I wished that young doctor had a diseased spine! A few coppers pleased the little child immensely, and while we were applying the dressing he grew so comfortable that he actually went to sleep. Three young girls, about fourteen or fifteen years old, were brought in with spinal disease, and the young doctors stripped them naked to the hips before the crowd, without the slightest attempts to shield their bosoms, as would have been done in America, and the blushes and embarrassed looks of the poor things were painful to witness.

I doubt if the Parisian surgeons will soon adopt Dr. Sayre's wonderful dressing. Most of the persons present seemed to take but little interest in its application, till a Spanish physician present told of the doctor in Madrid who got a fifteen-thousand-dollar fee from a grateful patient for the cure of a crooked back by Sayre's plaster jacket. After that they looked on with greatly enhanced interest. At one of the clinics I

saw between one hundred and two hundred cases of spine-disease and hip-disease, and the apparatus used—cumbrous iron machinery—is not only incapable of curing the cases, but in many instances positively interferes with recovery and actually insures deformity. The French are behind the age in practical medicine and surgery, and I am astonished to learn from American physicians resident here that the French doctors are the most obstinate opponents of all new things to be found in Europe.

To Dr. Ball, Professor of Nervous Diseases in the College of France, I am indebted for a delightful day at the Garden d'Acclimatization, where I met Professor Ménard, sub-director of the garden. I saw a fertile mule which has borne half a dozen or more colts, some of them by zebras, some by an ass, and some by a stallion. I saw two pretty gray fillies, looking exactly like full-blooded horses, the produce of an Arab stallion and this mule. When they are of proper age their fertility will be tested. In voice they considerably resemble the mule. There are many crosses produced between the zebra and ass, the horse and zebra, the hemione (an equus) and zebra; but the fecund mule, the dam of the colts mentioned, is the only one Prof. Ménard has ever seen. Prof. Ménard finds the semen of the mule devoid of spermatozoa, or, if present, they are defective in form, and no fecund male mule has ever been known.

In the dairy-department of the garden Prof. Ménard showed me many cows that had been inoculated to keep off contagious pleuro-pneumonia, which is a great scourge in France. Serum from a lung diseased with pleuro-pneumonia is introduced beneath the skin of the tail. The tail often sloughs off, but the cow is said to be proof against the pleuro-pneumonia. Many of the milk-cows in France are spayed when they reach a certain age. Formerly one in six died. Now, under the operation performed by Monsieur Charlier, a veterinary surgeon, in which the ovariectomy is done through the vagina and not through the side, the mortality amounts to almost nothing. The cow is feverish after the operation for a few days, and her milk diminishes during this time; but she soon recovers and gives a greatly increased quantity; and this continues for two years or more and then diminishes, and the animal is fattened for beef.

Among the cranes Prof. Ménard showed me a pair of a rare and beautiful variety which have lately, for the first time, success-

fully raised their young. Formerly their young invariably died. They proved to be particularly defective in their osseous system. The parents, by being furnished abundant lime in the form of crushed bone, eggshells, etc., are now able to produce vigorous offspring. This is an interesting fact. Did you read in the *London Practitioner*, some months ago, the account of the prevention of harelip in children by feeding the hare-lipped mother on this same plan? She had borne many hare-lipped babies; in fact all her children were thus deformed until she was put on lime.

The Garden of Acclimatization is devoted to the propagation of useful, curious, and beautiful animals and plants. A sad sight in the monkey-house is a female orang-outang greatly emaciated and dying of consumption. She is about as large as an eight-year-old child. She was sleeping when I saw her, with one arm thrown across her forehead and the other clasping a large baby orang-outang, which was sucking.

At the Laenneck Hospital, to which Prof. Ball is one of the physicians, I assisted in putting the plaster jacket on a case. In that hospital I saw nothing but kindness and gentleness. The French are eminently a tender-hearted and amiable people, and the cruelty I witnessed at the children's hospital is quite exceptional.

The temperature and the sunlight and every thing in art and nature in Paris is perfect. It is a heavenly place, but I long to be back in Kentucky. Adieu.

L. P. VANDELL.

AMERICAN CHAMPAGNE.

To the Editors of the Louisville Medical News:

Since the first attempt to manufacture wine in this country on an extensive scale by Peter Lagaux, near Philadelphia, about the close of the last century, the culture of the grape has become quite a success in some of the states, with a corresponding improvement not only in the quality of the wine produced, but also in its cheapness. In former years we were compelled to depend on Portugal for our port and lisbon; Spain for sherry, malaga, and tent; France for champagne, claret, burgundy, hermitage, vin de grave, and sauterne; Germany for hock and moselle; Hungary for tokay; and Sicily for madeira and lisa. The progress made in grape-culture of late years in some parts of our own country, notably in California, has rendered us, to some degree at least, inde-

pendent of the foreign supply. Some of the American wines are now largely used for medicinal purposes, and are more to be relied upon than some of the imported article.

Among the improvements in wine-making, that known as the American champagne deserves particular notice. This wine has been recently introduced by Werner & Co., of New York, and is known as Werner & Co.'s extra dry champagne. Having tested it in a number of cases requiring a sprightly wine, I have no hesitation in pronouncing it at least equal for purposes where such wines are required to any imported article. Indeed it appears in some respects to be even preferable for the sick-room to much of the champagne manufactured abroad. Being artificially charged with carbonic-acid gas, it contains more of that important ingredient and retains its sprightliness longer than the ordinary brands of that class of wine sold in this market. Prof. R. O. Doremus, of New York, has submitted the Werner wine to chemical analysis, and certifies that he "finds it free from any impurities whatever." The cheapness of the American champagne is among its good qualities, and should commend it to the profession as a remedy which is not beyond the reach of the poorer classes of people.

E. RICHARDSON, M. D.

LOUISVILLE.

Reviews.

The Yellow-fever Germ on Coast and Inland:

A Discussion on Ship and Railroad Quarantine before the Medical Association of Georgia, Rome, April 18, 1879. By HENRY FRASER CAMPBELL, M. D., Augusta, Ga., chairman of Committee on Endemic, Epidemic, and Contagious Diseases, in the Board of Health of the State of Georgia.

Bixby says with force and appropriateness, "Science carefully examines nature and life to see what things really are, builds up its laws by an inductive accumulation of fact upon fact, and then demands that every generalization be experimentally verified before it is accepted as true." These are the requisites which, when carefully attended to, enable us *to know* the truth of any doctrine we may accept. When Kepler devoted his life to the discovery of astronomical truths these were the methods he pursued before he announced the laws of planetary movements, and those laws have been universally accepted. We know their truth. These were the methods that Newton adopted in announcing the law of gravitation, and it

stands, as an element of our knowledge, perfectly invulnerable.

I wish that I was in possession of some form of information by which I could understand what a "yellow-fever germ" is. What we hear of it can not long abide any process of examination. Carpenter says with thorough truthfulness, "In the entire process in which a new being originates two distinct classes of action participate; namely, the act of generation, by which the *germ* is produced, and the act of development, by which that *germ* is evolved into the complete organism." There is something tangible in this. The Apostle Paul, the keenest and most logical intellect of all antiquity, said, "Thou fool, that which thou sowest is not quickened except it die." This death was an allusion to the outer covering of the germinating principle, but no one has more clearly nor more tersely expressed a great physiological truth than Paul expresses this. What is it that springs into life from this surrounding death? Every germ of which we know any thing goes through "two distinct classes of action." What do we know about "the act of generation by which the 'yellow-fever germ' is produced?" Nothing whatever. There is not a mortal on the earth that has a particle of knowledge on this subject. And all human beings are alike in knowing nothing of "the act of development by which the yellow-fever germ is evolved into the complete organism." Why shall we pretend to know that of which we are profoundly ignorant? What benefit is to accrue to the human family by the parade of a mere jingle of words? "If the trumpet gives an uncertain sound, who shall prepare for battle?" In the medieval ages all the pestilential visitations were ascribed to the conjunction of certain planets. Men undertook to reason in that which was supposed to be learned style. But in the effulgent light of astronomy we know that all that remote etiology was alike remote from common sense and truth. The planet that most nearly concerns us is the earth, the laws that govern it, its physical geography, and all that pertains to it. An immense portion of that physical geography is a science to those who study it; they are armed with positive knowledge in a vast number of departments. There is not one of these departments that is not replete with matter of the profoundest interest to medical men.

In order that we shall understand yellow fever we must survey it in its various haunts, and it is impossible, if we would neither

mislead nor be misled, to be too careful in gathering our truths. Many men who are not as careful as they should be in these important matters make sweeping assertions which will not bear the light. Take, for example, Dr. Fritz Haenisch, of Greifswald, Germany. Because of his high standing in his profession and his experience in the Mediterranean he was selected as the writer of the article on Yellow Fever for Ziemssen's Cyclopaedia of the Practice of Medicine. I have no doubt that he felt the responsibility of the work committed to his keeping, nor do I entertain any doubt about the honesty of his intentions. On page 494, first volume of Ziemssen, Dr. Haenisch says: "In precisely the same way an epidemic [of yellow fever] may break out upon a ship not hitherto infected, through communication with an infected one. This may occur upon the high seas or in harbor, provided on board the ship conditions exist which are peculiarly favorable for a further spread of the disease, such as the various insalubrious circumstances already noticed and the close crowding together of the men." I wrote to Dr. Haenisch and requested him to make this statement harmonize with the striking fact mentioned by Trotter, who was surgeon of the British war-vessel "The Assistance." Trotter records the statement in his great work *Medicina Nautica*. On page 456, volume 1 of that work he says: "In 1782 the vessel wooded and watered at St. Thomas, a noted place for yellow fever, and with a view to expedition a tent was erected on shore, in which the people employed on these services lodged during the night. On the middle passage *every man* who had slept on shore was attacked with yellow fever and *died*, while the rest of the ship's company remained perfectly healthy." There was no yellow fever at St. Thomas at the time; many of the crew who did not sleep on the island, but who assisted in these services in *daytime*, remained in perfect health, while every man who slept under the tents on the island was attacked with yellow fever and every one of them died. Dr. Haenisch answered my letter in a gentlemanly manner, but made no attempt to account for this clear contradiction of his theoretical statement. Trotter was one of the chief medical men of his day. He became Medical Director of the British Navy subsequent to his service on The Assistance. Now where did these sleepers on the island get these "yellow-fever germs," and why is it that, in the absence of personal contagion, their *clothing* failed to

convey "the germs" to other people on the ship? Every body on the vessel escaped except those who slept on the island. The authorities on the ship did not evoke the cumbrous, rough, and crude grand national quarantine act and set it into active exercise. Even the omnipotent agency of carbolic-acid atomization and sulphurous fumes were disregarded, yet every body escaped except those who slept on the island. It would have been amusing to see Dr. Trotter tout-ing the ship's crew with carbolic acid for the arrest of yellow fever.

Yellow fever is clearly and positively a climatic disease; there are climates in which it regularly appears at its proper season; there are climates in which certain conditions appear occasionally, and if those conditions are like those where yellow fever appears regularly it will occasionally appear. The history of the disease is full of examples of this kind. For all climatic diseases we must look to something in the climates as the cause of the diseases. There is an immense variety in physiological developments, but the general features of these varieties belong to the climates. Is it surprising that there shall be great variety in pathological phenomena, even where the pathological conditions are the result of climates?

Yellow fever appeared three times in eighty years at Rochefort in France, which is in the forty-eighth degree of north latitude. It has never appeared in Europe above that degree. It has appeared once at Leghorn. It visited Cadiz, Carthage, Malaga, Seville, Barcelona, and twenty other towns on the coast and in the interior portion of Spain, as Dr. Chervin shows, appearing in interior towns when the coast was free from the scourge. It is confined between the sixtieth and ninety-seventh degrees of longitude, never having been seen outside of them. It does not range above the eighth degree of latitude on the Pacific Coast. It has been once at Panama, twice at Guayaquil and Callao. In the course of eighty years it visited Cayenne only three times. Zalapa, in Mexico, which is 4,330 feet above the level of the Gulf of Mexico, never has been visited by the disease, no matter how severely it may rage at Vera Cruz, and notwithstanding the railway communication with Vera Cruz, "germs" do not travel to Zalapa. The Ma-roon town of Phoenix Park, Jamaica, is exempt from the disease, while the low plains and coasts are devastated by it. Humboldt, who studied the disease with great care, says Encero, which is 3,045 feet above the sea-

level, is the altitudinal limit of its range. We thus see that it has a latitudinal, longitudinal, and altitudinal limit, beyond which it can not pass, and this truth incontestibly shows that it is climatal and is dependent on climate.

From 1699 to 1741 there was not a trace of yellow fever in Philadelphia. From 1703 to 1728 it was entirely absent from Charleston, S. C. In 1793 Philadelphia was visited by the disease, after an absence of thirty-one years. But in the times of its absence from Philadelphia and from Charleston, S. C., both cities had extensive traffic with numerous places that had the disease in a violent form—such places as Martinique, in 1703 and 1706; Cape Francais, 1705, 1723, 1733, 1734, 1739, 1740. It was at Carthage in 1729 and 1730, and at Barbadoes in 1723 and 1733. Here were abundant sources of "yellow-fever germs;" they certainly had facilities through commerce for traveling, yet Philadelphia escaped once through a period of forty-one years and in another period of thirty-one years, and Charleston escaped the visitation for a period of twenty-five years.

Cadwallader Colden demonstrated that in all the visitations of yellow fever at New York there was no instance of importation; that in every case it originated from local causes. He was not a physician, but nothing has excelled in ability his papers on this subject. Rush, after being an advocate for importation, was firmly convinced that the visitations of the disease were exclusively from local conditions.

But perhaps the most conclusive demonstration ever made upon the local origin of yellow fever was that made by Dr. Chervin in Spain. He carefully went over the region of the yellow fever in Spain after Bally, François, and Pariset, the three French commissioners sent to investigate the disease in Spain. They became the apostles of importation and contagion. They zealously hunted for evidences of the doctrine of which they were full to repletion. The work of Dr. Chervin is one of the most thorough that was ever written. The documents which he gathered are overwhelming. They amount to demonstration. Bouillaud wrote a criticism on the labors of Dr. Chervin that deserves to be remembered by all who love the noblest and most truthful of laborers. He says: "Observe what occurred respecting the yellow-fever epidemic of 1821 in the unfortunate city of Barcelona. Read the work of the French Commission appointed to investi-

gate that epidemic, and it will be impossible for you (admitting as true the statements therein contained) not to subscribe to the existence of contagion (and, I add, importation). But afterward, when you have read the precious documents which Dr. Chervin collected with a degree of zeal and patience truly admirable, you will be convinced that the circumstances which induced you to share the opinions entertained by the commissioners are any thing but conclusive. Henceforward those ideas will be effaced from your mind like a vain dream; and, pressed on every side by the evidence of observation, you will be compelled to attribute to local infection those circumstances which, misled by inaccurate statements, you had placed to the account of contagion." I quote from La Roche.

In this review of Prof. Campbell's paper I have purposely, carefully avoided every thing but the subject at issue. There has been no indication of my opinions as to the cause of yellow fever. When the time and the occasion come for an expression of the kind they shall not be withheld. On the point of causation there is no reason for apprehension on my part, no matter where the examination may be attempted. I am happy in knowing that with Prof. Campbell I do not have to enter into any contest on that paltry figment of distempered imaginations—the contagion of yellow fever. He is as firm on that department of the subject as I hold myself to be. The questions which may be grappled in this discussion are serious, solemn, and of great magnitude. They enter into the welfare of communities, into the happiness and well-being of individuals. Quarantines are the greatest of blessings or the most withering of curses. I hold that if they can be established on a solid basis of truth there is not a member of the medical profession more capable of conducting to that establishment than Prof. Henry Fraser Campbell. If I am wrong in the utter detestation and contempt which I feel for every part and parcel of quarantines I am more than willing to sit at the feet of Prof. Campbell and "learn the law." I have not been an inattentive student on the subject during a studentship of nearly fifty years. The immensity of the interests involved, the magnitude of the weal or woe to the human family at stake, invests the question with a dignity second to none committed to the care of the medical profession.

I have not the leisure at command to enter upon this discussion, except at the expense of

the loss of needful rest. But comfort and ease shall be sacrificed if there is hope that good may accrue to the human family from the sacrifice. In proportion to the gambols of great errors, the voice of reason, of truth, should be put forth to stop the baleful play. In view of the present disturbances of the tranquility of the human mind we sometimes forget that the past has spoken in language that can not be misunderstood nor mistaken. We are especially apt to forget the almost superhuman labors that gathered facts of stupendous interest and of incalculable value on these questions. To at least a glimpse of these peerless facts I purpose to invite the attention of Prof. Campbell.

Among the great physicians of Georgia the name of Dr. W. C. Daniell was conspicuous. In 1826 he gave copious and interesting details of the fevers of Savannah, and with a marvelous patience he traced the habitudes of yellow fever in its visitations at Savannah. He showed beyond dispute that it sprang from local conditions; that it was perfectly independent of any importation. His facts have never been controverted. They were of immense utility in their day; why should they not be now? Time does not impair the validity of truth nor weaken its force. That which was truth in Dr. Daniell's day is truth now, and should be respected now, as it was when Dr. Daniell delivered it in his work on the Fevers of Georgia.

I have thus endeavored to discover what foundation there is for the new device, "the yellow-fever germ," designed to bolster up the miserable contrivances of "the National Quarantine," as it is royally called. I earnestly rejoice that when it needed a defender the defense fell into the hands of one as able to do it full justice as I hold Prof. Henry Fraser Campbell to be. While quite young he won merited distinction by his researches in the nervous systems, in which he portrayed with masterly ability and clearness the distinctive features of the cerebro-spinal and the ganglionic systems of nerves; and no one has joined more readily than I have in awarding to him due honor for this service to humanity and to his profession.

LOUISVILLE.

T. S. BELL, M. D.

IN spite of the low death-rate in Memphis, the authorities refuse very properly to allow the return of the refugees, and will do so until all danger is clearly passed. Fresh fuel would light up the fire as bad as ever.

Pharmaceutical.

JOHNSTON'S FLUID BEEF.—There can be no doubt that Johnston's Fluid Beef is one of the very best preparations of the kind which has been offered to the profession. It is palatable, nutritious, and—what is not a common quality with such preparations—it is reasonable in price. We have used it in several cases of the impaired digestion of fever, general debility, etc., and got immense satisfaction. In a case of intestinal trouble, accompanied by prolonged vomiting and hiccough, the fluid beef was prompt and efficient in its action, being retained from the first and subduing the hiccough, which had lasted two days, in a very few hours. The fluid beef is confidently recommended to the profession as one of the very best of foods and tonics.

Books and Pamphlets.

VEGETARIANISM THE RADICAL CURE FOR INTemperance. By Harriet P. Fowler. New York: M. L. Holbrook & Co. 1879.

TRACHEOTOMY WITH THE GALVANO-CAUTERY. By William A. Byrd, M.D. Reprint from St. Louis Clinical Record. St. Louis, 1879.

THIRTY-SIXTH SEMI-ANNUAL REPORT OF THE SUPERINTENDENT OF PUBLIC SCHOOLS OF THE CITY OF BOSTON. September, 1879. School Document No. 20. Boston, 1879.

LACERATION OF THE CERVIX UTERI. By A. R. Jackson, A. M., M.D., formerly Surgeon of Women's Hospital for State of Illinois, etc. Read before the Chicago Medical Society. Reprint from the Chicago Medical Journal and Examiner. 1879.

ON THE CONNECTION OF THE HEPATIC FUNCTIONS WITH UTERINE HYPEREMIAS, FLEXIONS, CONGESTIONS, AND INFLAMMATIONS, with Appendix. By L. F. Warder, M.D., Boston, Vice-president of the Gynecological Society of Boston, etc. Reprint from Transactions of the American Medical Association, 1878. Cambridge: Riverside Press. 1879.

ANALYSIS OF THE URINE, WITH SPECIAL REFERENCE TO THE DISEASES OF THE GENITO-URINARY ORGANS. By K. B. Hoffman, Professor in University of Gratz, and R. Ultzmann, Docent in University of Vienna. Translated by J. Barton Bume, A.M., M.D., and H. Holbrook Curtis, Ph.B. New York: D. Appleton & Co., 549 Broadway. 1879. Pp. 269.

The Louisville Medical News.

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Miscellany.

THE EXPERIENCES OF A SUCCESSFUL PRACTITIONER.—From correspondence New York Medical Record (Part II):

When Mr. Smith urged me to see his child, after my consultation with Dr. White, I told him that I could not do so, because Dr. W. was the regular attendant. Besides, I was overrun with work, and it was but fair that Dr. W. should have a start and make a living. I further said that I appreciated the feelings of a father who was anxious about his son, but under the Code I was forbidden to help him out of what he believed to be his difficulty. My assurance that the child would probably recover did not comfort him much; neither did he seem satisfied when I informed him that I would from time to time give Dr. W. such hints as occurred to me, as Dr. W. generally consulted me privately about his difficult cases. Such a trait, in my opinion, recommended him as a young man who was conscientious to his patients, and not afraid or ashamed to learn.

Just then Dr. White dropped in the office, and was somewhat surprised to see Smith and I in conference. Smith was, however, astonished, and for the moment did not know what to do. This gave me my opportunity to put both at their ease by saying that Mr. S. was naturally much worried about his child, and, not knowing any thing about the Code, had dropped in to talk over the case; and that I had comforted him by telling him that Dr. W. was just the man for the case, and that it was not proper for me to interfere by word or act. Dr. White was pleased, and the ice was broken for a general conversation. The latter ended by my promise to be present at a consultation on the morrow. After Smith left, Dr. W. and I had a frank conversation on the proper relations which should exist between patient and physician, and between each other. At the same time he intimated that Smith seemed to be a little

dissatisfied. White did not believe in keeping cases against the will of the patient, and became virtuously indignant at the want of confidence in him. So incensed did he seem that I was fearful he might give up the case at once; however, I coaxed him to hold on, and he finally left in good humor.

The following day I arrived at the patient's house before Dr. White, and waited for him at the bedside. While so doing I learned that Harry had three passages since the night before, and was worse. The mother then showed me the medicine that Dr. W. had ordered. I said that there must be some mistake; that in fact the remedy was the same as the child had been taking when I called, and signified my desire to see the new medicine. When informed the mixture was made by Dr. W. since the consultation, I at once smiled and changed the subject. The mistake arose from the fact that Dr. W. had repeated the rhubarb and soda instead of using the chalk-mixture. Although this annoyed me somewhat, I merely remarked that Dr. W. must have misunderstood me; that the medicine should be white instead of red, and that I would explain the matter to him when he came. In the course of the conversation I learned that each time after partaking of the medicine the child became worse; but I merely said that she could stop giving the remedy, and that we would make it right when the doctor arrived. Just then he came in. I had the bottle of medicine in my hand, and apologized for my apparent interference by remarking to him that he had misunderstood me, and that the child appeared to be worse. He blushed somewhat, and said he had none of my medicine with him at the time; a remark which was very indiscreet in the presence of an anxious parent. However, I said that as I carried it around with me always, and used it a great deal, I would give him some. Accordingly I made the mixture upon the spot, administered it to the boy, and retired to consult. White agreed to continue with the chalk-mixture; and when we returned the boy said he felt good, wanted to sit up, and said he was hungry. I playfully remarked that he liked his medicine, and that he was getting better already. Dr. W. smiled also, and the mother seemed to be quite happy. Shaking hands with little Harry and patting his head, I took my leave, saying that the doctor had done every thing necessary, and that I had nothing more to suggest. We left together. W. apologized for not using the chalk-mixture the day before. I told him that it was

a small matter, but was upon my part sorry I had alluded to the fact before the mother.

The next morning White called on me to say that, although the child had improved, the family had dismissed him, and urged me to see the case. I felt very delicate about the matter; but as I knew that my former partner would be called in, and as Dr. W. and the family were both willing, I consented, if sent for, to see the case through. After coming to such a conclusion, Dr. W. thanked me for what I had done for him, and assured me that he was willing to leave himself and his former case in my hands. Harry recovered in a day or two; but all I can do I can not persuade the mother to employ Dr. W. any more. Can I do more?

I have often tried to impress on Dr. W. the importance of humoring his patients, and have many a time told him that he was too dogmatic. On several occasions I have been placed in an apparently false position by his obstinacy. To give an instance: A wealthy gentleman from the city built a fine mansion in the village, and came with a letter of introduction from a college professor to Dr. White. Dr. W., of course, had the family. I was glad to hear of his good luck, especially as the wife of the gentleman was an invalid, and required a great deal of attention. One day upon driving past I was hailed by the servant, who asked me to step in and see his mistress. I obeyed the summons, and found a delicate lady reclining upon a lounge, complaining of a ball in her throat, great oppression in breathing, great pain in left side, and a desire to urinate frequently. She informed me that she was Dr. White's patient, but was somewhat discouraged with his treatment. I at once told her that Dr. White was a splendid fellow, one who had a great opportunity for working out her case; that although he had but few patients, he loved to study, and was on the whole a very safe, if not too cautious a practitioner. But this did not quiet her pain. She said that Dr. W. had not only left her medicine which made her worse, but that he had insisted on her taking it in spite of the pain. I asked her, with honest incredulity upon my countenance, whether he actually said so. I tasted the medicine and repeated the question with a like answer. Being then assured there was no mistake, I said that he was probably right, but that she had better not take any more of the medicine until I saw Dr. W. She then seemed better satisfied. I found, on questioning her, that Dr. W. had not made any vaginal examination,

nor had he hinted at any. Some way or other she squeezed out of me an opinion that her whole trouble was uterine, and that an examination was necessary. I think that I told her as much before I knew whether or no White had expressed any opinion. At all events, to humor her, I examined her on the spot, and discovered an abrasion of the os. I promised her that I would tell Dr. W. about it, and left her without any further suggestion.

Now W. is one of those stubborn chaps who do not believe in abrasions; but I tell him almost every woman has them, or ought to have them, and he will be always safe in a diagnosis. He informed me that he did not intend to humor such a prejudice upon the part of his patient, and seemed a little angry. In spite of all I could do, when the husband of the lady sent for me to attend her, I could not persuade her that White was of the two doctors the better man.

This case, by the way, narrowly escaped going to my partner, who is a uterine man, and who is favorably known among the laity as the inventor of a self-entering, self-retaining, back-action speculum. I do not think much of his instrument, however, as I have invented one of my own. It is needless to say that the case progressed favorably, and I secured a good fee. It might just as well have gone to Dr. W., but I did the best I could for him as a professional brother. The result of this case was published in our town paper; but as I was chairman of the Committee of Ethics of our county society, I explained the case satisfactorily.

Although I have gone somewhat in detail regarding the matter of this epistle, it has been my desire to show that, with every appearance of having actually stolen patients from Dr. W., I did every thing I could "under the Code" to protect and befriend him. And yet there are some who say that there is no necessity for a code.

ROBIN ADAIR, it transpires, was a young surgeon, and so the mystery of his fascination clears up. We clip the following from the Washington Capital:

Robin Adair was not a legendary character, but of flesh-and-blood substance, and the song was, as originally written, a pathetic piece of temporary heart-broken woe from a dear little girl who loved her "Robin Adair." Adair was a young Irishman of great popularity in London during the latter portion of the last century. He was a surgeon by profession, and was compelled to leave Ireland

for the same reasons that precipitated the late Mr. Conkling to jump Rhode Island. He reached England, and there struck his fortune. His first adventure was to be present at a runaway, when a carriage was overturned and a lady of "high degree" somewhat injured. He attended her, was amply rewarded—and he needed the money—and in further favor was invited to her house as a guest. It was there that he met Lady Caroline Keppel, the daughter of the Earl of Albemarle. This young lady from the first meeting formed a desperate affection for the handsome young Irishman—love leveling rank in her condition—and she did not disguise the fact. Robin Adair didn't hold back, but pressed his suit. The family of course was dismayed at the idea of a *mesalliance*; the thought of a marriage between the daughter of a hundred earls and a poor Irish surgeon, whose pedigree was not known nor ever was, of course seemed horrible. All measures were employed to break up and off the unseemly affection of young hearts. Trips to the continent, prayers and persuasions of sisters, cousins, and aunts, *bons-bons* and *mals-mals* of all sorts were offered, but in vain.

It was during one of their prolonged and enforced separations that Lady Caroline wrote and set to music a plaintive Irish air—the song that grew so popular and so well known, of Robin Adair. As now published and sung it is somewhat changed, and well so; for, though we respect and admire the young lady's love and devotion, her grammar was at a discount and her word-usage somewhat on the John Logan style. The song as originally written ran:

What's this dull town to me?

Robin's not near;

He whom I wish to see,

Wish for to hear.

Where's all the joy and mirth

Made life a heaven on earth?

Oh! they're all fled with thee,

Robin Adair.

What made the assembly shine?

Robin Adair!

What made the ball so fine?

Robin was there!

What, when the play was o'er,

What made my heart so sore?

Oh! it was parting with

Robin Adair!

But now thou art far from me,

Robin Adair!

But now I never see

Robin Adair!

Yet he I love so well

Still in my heart shall dwell;

Oh! can I ne'er forget

Robin Adair?

Selections.

Diphtheria a Local Disease in its First Stage.—I regard diphtheria in its incipient stage as a local disease, and the early constitutional symptoms that sometimes occur as due to the irritation caused by the growth on the mucous membrane and the ramification beneath its epithelium of the diphtheritic formation; and I regard the subsequent infection of the system and constitutional disease as resulting from the absorption from the throat or other seat of the false membrane of the poison and of putrescent matters arising from the interstitial death of the mucous tissue invaded, and from the decomposition of the false membrane. *We can not too forcibly impress upon the public that the severity and mortality of the disease can be controlled if it is brought early under treatment.* If this fact were generally known and heeded we could regard the disease as one of the most trivial of throat affections, with here and there a grave exception. Diphtheria is often masked for a time by symptoms of other diseases, so that when diphtheria is prevalent it is expedient to look into the throat of the patient in all cases of illness, as occasionally when there is not even ground for suspicion the characteristic spot or film of false membrane can be observed. What is the first stage of diphtheria? That in which the germs of the disease have lodged on a surface which provides a favorable soil for their development. The locality which is chosen by the contagium particles of diphtheria is usually the throat, generally one of the tonsils, where they begin to multiply and spread over the adjoining mucous surface, like mold on a raspberry jam. The disease has not yet impregnated the constitution with its baneful influence; perchance the pulse is not quickened; the temperature is not raised, and the tongue is not furred. Now is the time when a speedy cure can be effected by local treatment, when a single topical application will often effectually destroy the parasitic growth, and the patient is rescued. Contrast this with the disease not seen until it has been some three or four days established. The poisonous matter from the film has been absorbed by the lymphatics, as indicated by the hardening and swelling of the neighboring glands; the false membrane has spread more or less over the fauces and into the nasal cavity, perhaps entering the larynx, when recovery can scarcely be looked for; the pulse rapid, the temperature exalted, nerve prostration extreme, the blood badly or hopelessly poisoned, and protracted illness or death imminent.—*Dr. John H. Gilman, in N. Y. Medical Record.*

Treatment of Diphtheria.—In the treatment of the first stage of diphtheria I formerly applied to the false membrane lunar caustic or a strong solution of the nitrate of silver; but lately I have used as a local application the following preparation: *R.* Acidi carbonici, 15 drops; tinct. ferri chloridi, 4 drams; aquæ, 4 drams. *M.* This solution, by its astringent and antiseptic properties, tans or hardens the fibers and coagulates the fluids of the false membrane, thereby arresting its growth and preventing the occurrence of putrefactive changes therein. It should be applied to the false membrane *once*, rarely twice, daily, with a small probang which has been moistened with water and pressed out just before being dipped in the solution. Some physicians experience considerable difficulty in making topical applications to the throats of children, but if they will adopt the following pro-

cedure they will easily succeed: The mother, sitting, should take the child in her *right arm* and hold its hands; another person standing behind the child should hold its head; while the doctor should depress the tongue with a spatula or spoon-handle held in his left hand, and with his right apply the probang, dipped in the solution, to the throat. After one application has been made the probang should be rinsed in water, cleaned of the attached mucus, dipped again in the solution, and reapplied. This repetition is necessary, so that the solution may come in direct contact with and thoroughly permeate the false membrane. This operation should not be performed oftener than *once* or twice in the twenty-four hours, as strong local applications are apt to do harm when too frequently repeated. One application thoroughly made as directed in the incipient stage of diphtheria will oftentimes arrest the disease, causing the general symptoms to subside in a short time, and the false membrane to shrivel and disappear within twenty-four hours. While the local applications are being made the following prescription may be administered: *R.* Potassii chloratis, 1½ drams; aquæ, 4 ounces; acidi muriatici, 10 drops. *M.* Take a teaspoonful every hour during the day, and continue its use a few days after the false membrane has disappeared from the throat.

In the *next stage*, when the constitution has become impregnated with the diphtheritic poison, the false membrane will reappear if it is destroyed; so that local applications, though beneficial, can not be relied upon to arrest the disease, which should now be chiefly treated by the administration of tonics, antiseptics, stimulants, and a nourishing diet. An excellent prescription containing tonic and antiseptic qualities, and the one which I generally give, is the following: *R.* Potassii chloratis, 1½ dram; aquæ, 4 ounces; tinct. ferri chloridi, ½ to 1 dram; quiniæ sulphatis, 2 to 5 grains. *M.* Take a teaspoonful every hour during the day, and continue its use one or two weeks after the local disease has disappeared. Water should not be taken for at least five minutes after each dose of the medicine, so that it may have time for local effect on the fauces. When there is much fetor exhaled from the fauces the mouth may be occasionally rinsed and the throat gargled or sprayed with the liquor sodæ chlorinatæ, five to twenty drops to the ounce of water, or with aqua chlorinii, five to fifteen drops to the ounce of water. Stimulants are required in this stage, the best being sherry wine diluted with an equal quantity of water, and the amount given should be in proportion to the gravity of the disease and to the age of the patient. A liquid diet only should be allowed, consisting of milk, beef essence, beef tea, porridge, gruel, soup, etc., until convalescence begins, when a more substantial diet may be partaken of. In the nasal form, when the discharges are offensive, the nostrils should be carefully syringed out with potassii permanganas, one to two grains to the ounce of water; but if there be hemorrhage the tinct. ferri chloridi, five to ten drops to the ounce of water, may be used.

In the primary laryngeal form, or when the disease is entering or has extended into the larynx, the following, vaporized by the steam atomizer, may be almost constantly inhaled for the purpose of effecting the solution of the false membrane: *R.* Aquæ calcis, 4 ounces; acidi carbonici, 10 drops. *M.* Tracheotomy should be performed when other means have failed, and according to Prof. George Buchanan, of Glasgow, the operation yields as successful results in diph-

theria as it does in membranous croup. In 1875 he published the whole number of his operations, which was 46: for croup 16—cured 6, died 10; for diphtheria 30—cured 11, died 19. The average result is precisely the same, viz. one out of every two and two thirds is saved.

In the paralysis resulting from diphtheria no special treatment is required in most cases, but in the exceptional instances in which the paralysis persists a cure may be generally effected by the use of electricity, the subcutaneous injection, or the internal administration of strychnine, and an eligible formula is as follows: R. Strychniæ sulphatis, 1 grain; aquæ, 1 ounce; tinct. ferri chloridi, $\frac{1}{2}$ dram; syrupi zingiberis, 3 ounces. M. Dose for adults, one teaspoonful; for children one to three years old, five to ten drops, thrice daily.—*Ibid.*

Dilatation of the Uterus.—George H. Kidd, M. D., in Medical Press and Circular:

It will perhaps be in the recollection of some now present that so long ago as 1868, at the meeting of the Association at Oxford, I described a peculiar method of dilating the uterus, and related a case in which I had been enabled by this means to remove a large number of intra-uterine polypi. In a paper subsequently published in the Dublin Quarterly Journal of Medical Science, February, 1869, I gave a diagram illustrating this method of dilatation, and showing the polypi as found in the uterus at the time of the operation. Some copies of this diagram are now on the table. It will be observed that six pieces of sea-tangle, long enough to reach from beyond the os externum to the fundus, but not to touch it, have been introduced side by side, one after another, forming a bundle of parallel pieces; and it will be seen that these, as they absorb moisture and swell, must dilate not only the os externum, but the os internum and the cavity of the uterus itself at the one operation. Thus, if the os be sufficiently large to admit the necessary number of pieces at the first sitting, the whole process may be completed in twenty-four hours. If not sufficiently large, a few pieces must be introduced in the first instance, and removed at the end of twenty-four hours, when a larger number can be used, and dilatation thus effected to any required extent. Generally, even in the nulliparous uterus, the tissues are so relaxed by hemorrhage that five or six pieces, each as large as a No. 6 catheter, can be introduced at the first sitting, and a dilatation procured sufficient for the introduction of the finger and exploration of the uterus, or the removal of small tumors. For the removal of larger tumors, however, a much greater degree of dilatation is required, and it may be necessary to introduce from twelve to eighteen pieces, which can generally be got in at the second sitting if six have been introduced at the first; but it is to be borne in mind that it is always advisable, when about to remove the tents, either for the introduction of others or for proceeding with the operation, to wash out the vagina with a solution of permanganate of potash, and after their removal to wash out the uterus itself with a similar solution before any further steps be taken; for, although sea-tangle does not give rise to the putrid and offensive discharges found when sponge is used, yet fluids accumulate which are irritating, and may, if not removed, prove injurious both to the operator and to the patient.

We have recently had a new kind of dilating material made known to us under the name of tupelo-tents that may, at the second sitting, be advantage-

ously used instead of sea-tangle. This substance has been brought into notice by Dr. Sussdorff, of New York, in a paper published in the New York Medical Record, July, 1877. The tents are formed from the root of the *Nyssa aquatica*, which grows in the swamps of the Southern States of America. As imported into this country, they are too short to be of much use for dilating the uterus; but Messrs. Fannin & Co., of Dublin, have procured them for me of the full length required. These tents swell more quickly, and in proportion to their size when dry to a greater degree, than does the sea-tangle; but the tangle can be more easily introduced in the first instance, and, from its slower and more gradual action, will probably be found less painful and safer for the patient than the other. As soon, however, as the process of dilatation has commenced, and the tissues have become softened and relaxed, the tupelo will complete it more quickly and thoroughly than the sea-tangle. If three tupelo-tents can be introduced at the second sitting, and along with them four or five pieces of No. 6 sea-tangle, the uterus will generally be found sufficiently dilated at the end of a further twenty-four hours to permit the removal of a tumor measuring from three to four inches in diameter.

The dilatation of narrow passages dates from the earliest ages of surgery, prepared sponge being the substance generally used for the purpose; but, until suggested by Sir James Simpson about thirty years ago, the exploration of the uterus by its means had not been attempted. Until then, as Sir James has stated, intra-uterine polypi "were generally considered as placed beyond the pale of any certain means of detection, or any possible means of operative removal." But now, following in his footsteps, and using the improved methods at our disposal, large tumors, such as even Sir James Simpson would not have thought of touching, have been made accessible and brought within the domain of surgery.

Rapid Cure for Singultus.—Dr. Grelletz states that a mother whose child occasionally had singultus, either from the immoderate or too rapid repletion of the stomach, or from some other cause, was in the habit of checking the symptom instantly by the administration of a lump of sugar saturated with vinegar. The doctor tried this remedy in a number of cases, and always found it promptly successful.—*Rev. Med.*, May, 1879.

To Prevent Boils.—A very simple remedy is made known by Dr. Sieven, in a St. Petersburg journal, for preventing the development of boils. He states that if the skin be superficially scraped with a small knife, so that a drop or two of blood may be pressed through the epidermis as soon as the peculiar stabbing or pricking sensation and slight induration announce the commencement of the boil, it will not be further developed.

Laxative Bread.—Coarse Scotch oat meal, whole wheaten flour, coarse ordinary flour, of each equal parts. The bread can be lightened by yeast, or to a two-pound loaf one tablespoonful of baking-powder, made of four ounces of bicarbonate of soda, three ounces of tartaric acid, one pound of ordinary flour, rubbed well together and kept dry in a tin or well-corked bottle. The bread keeps well, and a two-pound loaf will be sufficient for a week, taking a portion once or twice a day in conjunction with ordinary bread.—*Mr. W. H. Taylor, in London Lancet.*

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E. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE HIGHER STANDARD AT BELLEVUE.

The authorities of Bellevue, as will be seen by the following circular-letter, have determined on a radical change in the methods of study and requirements for graduation in that popular institution. The matter is of so much importance that we print the circular in full and in our editorial columns. We understand the College of Physicians and Surgeons of New York have also settled upon a higher standard. Altogether the outlook of medical education is very encouraging, and we are especially delighted to chronicle far-going reform where it was not most un-needed.

CHANGES IN THE REQUIREMENTS FOR GRADUATION, ETC. AT THE BELLEVUE HOSPITAL MEDICAL COLLEGE, TO GO INTO OPERATION FOR AND AFTER SESSION OF 1880-81, adopted September 8, 1879:

Resolved, That after the regular session of 1879-80 the plan of instruction at the Bellevue Hospital Medical College be so modified as to apportion to each one of three sessions certain divisions of the study of medicine, with final examinations in elementary branches at the end of the first and of the second session; the examinations for graduation at the end of the third session being confined to the branches of Practice of Medicine, Surgery, and Obstetrics; the plan to embrace requirements as regards practical instruction in Chemistry, Histology, Operative Surgery, and Clinical Medicine, together with systematic recitations in all the branches.

In adopting this plan the number of hospital lectures is not to be diminished, and the union of clinical with didactic teaching is to continue, as heretofore, to be a leading principle in the practical departments.

Resolved, That matriculants who expect to become candidates for graduation after the close of the ses-

sion of 1879-80 will be required to furnish, by examination or otherwise, satisfactory evidence of a preliminary education deemed sufficient for entering upon the study of medicine.

On September 8, 1879, the following plan was adopted by the faculty, subject, however, to modifications in its details, should any changes appear advisable before it actually goes into operation:

Matriculation Examination.—The matriculation examination will consist of English composition (one foolscap page of original composition upon any subject, in the handwriting of the candidate); Grammar, an examination upon the above-mentioned composition; Arithmetic, including vulgar and decimal fractions; Algebra, including simple equations; Geometry, first two books of Euclid.

The matriculation examination by the faculty will be waived for those who have received the degree of A. B., those who have passed the freshman examination for entrance into any incorporated literary college, those who present certificates of proficiency in the subjects of the matriculation from the principal or teachers of any reputable high school, those who have passed a matriculation examination at any recognized medical college or at any scientific school or academy in which an examination is required for admission, and those who present certificates of having passed the matriculation examination from certain examiners appointed by the faculty of the Bellevue Hospital Medical College.

Examinations for Students who take the Full Course of three years.—First year: Physics and Inorganic Chemistry, Descriptive Anatomy, Materia Medica. Second year: Organic and Physiological Chemistry, General and Surgical Anatomy, Physiology, Therapeutics. Third year: Practice of Medicine, Surgery, Obstetrics and Diseases of Women and Children. Before the final examinations for the third year candidates must present certificates from recognized teachers of one course of instruction in each of the following-named practical studies, viz: Dissections, Practical Chemistry, and a Practical Course of Physiological and Pathological Histology. No graduating thesis is required.

Candidates who fail in one only of the branches for examination for the first or the second year will

be permitted to pass on to the studies of the succeeding year and to make up the branch upon which they failed in their previous examination. Candidates who fail in more than one branch in the examinations for the first or the second year will be put back one year, but they will not be required to pay more than the regular fees for the three years.

Graduates of other recognized medical colleges, and students who have attended two full courses of lectures at other recognized medical colleges, or two full years at other recognized medical colleges that have a compulsory graded course will be admitted to the third year without a matriculation examination; but all such as are candidates for graduation will be required to pass a full examination upon all the branches examined upon for the three years at the close of the session, and all, including graduates of other medical colleges, irrespective of the date of their graduation, will be required to pay the fee for the third year, which is \$100.

Students who have attended one full course or the first year of a compulsory graded course at other recognized medical colleges will be admitted to the second year; but all such will be required to submit to the conditions of the matriculation examination, and to pass at the end of the session an examination upon the branches examined upon the first and second years.

Partial or incomplete courses at other recognized medical colleges will be reckoned as time of study, but will not be counted as entitling students to enter for the second or the third year, or be considered in reduction of fees, except that two partial courses at other recognized medical colleges, which together are equivalent to one full course, will be recognized as a full course of lectures.

Certificates of three years' study after eighteen years of age, from a regular physician in good standing, in accordance with one of the provisions of the charter of the college, will be required, and candidates for graduation must have reached the age of twenty-one years.

All examinations will take place at the close of the winter session only, except in the case of the final examinations for those whose three years' term of study does not expire until the fall. For such candidates final examinations will be held in October.

There will be no "preliminary term," and the regular winter session will be extended to six months, beginning about the middle of September and ending about the middle of March. The spring recitation class will be continued as an optional course.

Three courses of lectures are required for graduation. Students are expected to attend all the lectures, including clinics, for the first two years. During the third year students are expected to attend all the clinics, but they may confine their attendance

upon the didactic lectures to the branches upon which they are to pass their final examinations, thus having time for practical work in the dissecting room, the chemical laboratory, and the pathological laboratory, and for practical clinical exercises in medicine, surgery, and obstetrics. Students are expected to attend the regular weekly recitations held by members of the faculty during each session upon the branches upon which they are to be examined at the close of the session.

For students who attend the full course of instruction at the college for three years the regular examinations at the close of each of the three sessions are obligatory.

Graduates of other recognized medical colleges, of three or more years' standing, will not be admitted to their final examination for the degree unless they present a certificate of membership of some medical society entitled to representation in the American Medical Association.

Fees, etc.—Matriculation fee for each year, \$5; for all first-year students, \$140; for all second-year students, \$140; for all third-year students, including all graduates of other recognized medical colleges who are candidates for graduation, irrespective of the date of their previous graduation, and including third-year students who have attended two sessions at the college, \$100. Fee for the first year's examination, \$10; for the second year's examination, \$10; for the third year's examination, \$10; for an examination at the end of a session for the first and the second year together, \$20; for an examination at the end of a session for the three years together, \$30.

Students not desiring to take the full course with reference to graduation may take tickets for special courses. For first- and second-course students the fees for the separate departments are as follows: Practice of Medicine, including Psychological Medicine, and Medical Jurisprudence and Diseases of the Throat, \$20; Surgery, including Ophthalmology and Otology, and Dermatology, \$25; Obstetrics and Diseases of Women and Children, \$15; Materia Medica and Therapeutics, including Pathological Anatomy and Histology, and Diseases of the Nervous System, \$20; Physiology and Physiological Anatomy, \$20; General, Descriptive, and Surgical Anatomy, \$20; Chemistry and Toxicology, \$20.

For all graduates of other recognized medical colleges, irrespective of the date of graduation, and for students who have attended two full courses of lectures, either at the Bellevue Hospital Medical College or at other recognized medical colleges, the fees for the above-mentioned separate departments will be as follows: Practice of Medicine, etc., \$15; Surgery, etc., \$20; Obstetrics, etc., \$10; Materia Medica, etc., \$15; Physiology, \$15; Anatomy, \$15; Chemistry, \$15.

Students and graduates who have attended the

third-year course and all alumni of the college may attend any number of subsequent courses on payment of the matriculation fee.

In order to fulfill to the letter the tacit engagements between the college and those students who may attend the session of 1879-80 with the intention of completing their medical studies under the old plan, the following exceptions will be made for such students:

Students who take a full course for the session of 1879-80 will be permitted, other requirements being fulfilled, to graduate at the end of a second full course taken in 1880-81.

Students who attend their second course in 1879-80, but who do not graduate at the end of the course, will be permitted to attend the course of 1880-81 as third-course students, without payment of fees, and graduate at the end of the session.

Students who attend two full courses at the college in 1879-80 and in 1880-81, but who do not graduate in 1880-81, will be allowed to attend the course of 1881-82 as third-course students, without payment of fees, and graduate at the end of the session.

To summarize the exception just mentioned, the new requirements will apply to those only who begin their attendance at the Bellevue Hospital Medical College either as first-year, second-year, or third-year students, with the session of 1880-81; and students who begin their attendance with the session of 1879-80 may graduate under the old requirements.

A. FLINT, JR., M. D.,
Secretary of the Faculty.

"PUBLIC HEALTH," the new sanitary journal which was started a few weeks since in New York, is dead. The public, as a contemporary informs us, was not interested in the matter. Possibly the doctors are not sufficiently agreed upon sanitary matters to make the subject attractive.

Original.

HERNIOTOMY.

BY M. KEMPF, M.D.

In the year 1872 I was requested to see Mrs. Glue, who, as the messenger said, "had her gut down and could not get it back." The lady had been afflicted with reducible hernia for upward of twenty years. In 1858 I was also requested to reduce the strangulated gut of Mrs. G. As the incidents con-

nected with that occasion are quite unique and illustrative of the backwoods surgery of those days of Dubois County, I will relate them here.

Dr. Keller was the attending physician to Mrs. Glue.* I was called in consultation twelve hours after the strangulated gut had been coaxed in vain to return within the abdomen. I say coaxed, for the doctor did neither try taxis nor did he jolt the patient around the room with her head downward and her knees straddled over the doctor's shoulder. Enemas, fomentations, and diluent drinks was the treatment the doctor had pursued. I put the patient under the influence of chloroform, and by taxis and appropriate position relieved the patient in a short time and with but little trouble. Dr. Keller was so charmed with the action of chloroform, it being a new remedy to him, that he thought it had as much magic power as the "open sesame" referred to in the Arabian Nights.

Now Drs. Keller and Schunterman, who were both practitioners of Ferdinand, were any thing but good friends; and the great solicitation of Dr. K. was to keep this great panacea of the medical sciences—chloroform—a secret to Dr. S. Promising Dr. K. a bottle of this elixir of life, and also promising not to let Dr. S. into the secret of the great merits of chloroform, I left him to take care of Mrs. G.'s case, after having secured the inguinal canal with proper compress and bandage.

But to return to my present call to reduce the strangulated hernia of Mrs. G. Being in poor health, I requested Dr. Lindewald to take charge of Mrs. G.; and if he did not succeed in reducing the hernia in a couple of hours, to send for me. After a vain attempt of Dr. B. to reduce the strangulated hernia by taxis, I was requested to try it; but I too failed; the strictures would not yield this time to the magic power of chloroform. It being late in the evening, I thought it best to defer herniotomy until in the morning. Returning home, I requested Dr. Knapp to take my place and try if he could not reduce the strangulated gut. He too failing, it was decided to try the last resource—the knife—in order to relieve Mrs. Glue.

The patient being put under the influence of chloroform, and the integument over the tumor being well cleansed for an operation, I made an incision directly over the tumor, about five inches in length, almost parallel with the recti muscles of the abdomen. The incision was made in this direction because

the hernia was of long standing (I refer to its reducible condition), and the parts, on account of the dragging of the reducible hernia, were much in the condition that I thought a direct inguinal hernia is in, and by operating thus I was less apt to wound the epigastric artery. The integument, the muscles, and the deep-seated fascia were cautiously divided. The sack of the tumor being now in view, I pinched up a fold of it and opened it carefully, my finger acting as a director to its full extent. The strangulated intestine was very much congested, being of a deep cherry-red color; but no indications of gangrene were present, nor any thing that contra-indicated its return within the cavity of the abdomen. I accordingly felt for the stricture of the hernia, which I found existing along the inferior border of the transversalis muscle. This was divided by a probe-pointed bistoury, turning its sharp edge directly upward. My reason for proceeding thus I have explained above. By gentle pressure I coaxed the dislocated gut to reënter the abdominal cavity, in which I succeeded with but little trouble. The parts being all found in proper condition, the edges of the wound were brought in apposition by deep sutures—that is, the threads were made to extend through the integument into the muscular substance. Over these were applied adhesive strips and a graduated compress, and the parts operated on were secured by an appropriate bandage.

Mrs. G., by the proper use of opiates and a regulation of diet, recovered, the wound healing by first intention.

FERDINAND, IND.

THE ASPIRATOR IN HERNIA.

BY W. O. ROBERTS, M. D.

Demonstrator of Anatomy and Surgery in the University of Louisville.

In the NEWS of August — I reported a case of obstructed hernia relieved with the aspirator. On the evening of the 21st inst. I saw, with Dr. Coleman Rogers, a similar case, which was treated successfully in the same way. The patient, a boy three years of age, had been the subject of a reducible inguinal hernia on the right side for about one year, brought on by forcible efforts at micturition, which were due to a contracted prepuce. Whenever the tumor made its appearance the mother said she would push it back, and that it would not come out again until he would have to strain in emptying

his bladder. About 2 o'clock P. M. on the 21st inst., some half an hour or more after urinating, he commenced crying and pressing on his abdomen. On examination, his mother found the rupture down and much larger than usual. She attempted its reduction as upon former occasions, but without success. She then put him to bed, applied hot cloths, and continued at intervals her attempts at reduction; but failing, and the tumor steadily increasing in size and becoming very painful when handled, she took the child, at 6 o'clock P. M., four hours after her attention was called to the hernia, to Dr. Rogers's office. There I saw it. The tumor was then about the size of a hen's egg, tense, and painful to the touch. The patient was quiet, excepting when the tumor was manipulated, but wore an anxious expression. The skin felt natural; pulse somewhat excited; bowels had moved twice before and once after the rupture was discovered. There had been no vomiting.

After chloroforming the patient and then failing in our attempts at reduction by manipulation, assisted by the dependent position, we tried with a hypodermic syringe, which was first tested and found to be in good order, to draw off the fluid, but did not succeed in getting a drop. Feeling certain that there *was* fluid in the sac, we procured an aspirator and with it drew off half an ounce of straw-colored liquid; and while this was passing through the instrument—the patient being held in a perpendicular position, head down—the tumor suddenly disappeared.

The phymosis was then relieved by forcibly peeling the prepuce from the glans. Back of the corona were several hard white lumps of secretion, which were removed. The glans was now thoroughly oiled, and the parents directed to keep the child quiet in bed for twenty-four hours, and to notify us if he should have any pain or discomfort.

Since then there has been no return of the hernia nor any difficulty in urinating.

LOUISVILLE.

HOW LONG MAY THE FETUS LIVE AFTER THE DEATH OF THE MOTHER?—If extracted within six minutes of the sudden death of the mother, the fetus may be born alive. At ten minutes it may be alive, but asphyxiated. Later than this it is highly asphyxiated. In many cases it is dead after the first minute. The child's chances are best when the parent has died from some quickly-acting poison.

Correspondence.

PARIS LETTER.

My Dear News:

The readers of the NEWS will be glad to learn that I have secured a brilliant Paris correspondent, who will keep us supplied with the freshest continental medical news. Dr. Oscar Jennings, a native of London and a graduate of the University of Paris, as well as a Guy's-Hospital man and a Fellow of the Royal College of Surgeons of London, is the gentleman. His capital letters in the London Lancet, of which he is the Paris correspondent, have attracted much attention, as you are aware; and his thesis on metallo-therapy, published at the time of his graduation at the University of Paris, is a rarely excellent production. Dr. Jennings puts no faith in metallo-therapy, and he tells me that Prof. Charcot has greatly modified his views on the subject since his lectures were published in the Lancet. In my last letter, I believe, I mentioned that Prof. Charcot had said to me that he does not deem metallo-therapy of any practical value, but that it is a curious subject well worthy of study. Scientific men who have the wisdom to discover their errors, and possess the courage to acknowledge their change of opinion, are sadly rare. Such men are worthy of all honor. Ricord and Virchow belong to this class, and the amiable and able Charcot is their worthy fellow.

I hear a great lot of talk on this side the water about scientific as distinguished from practical medicine. I hear it said of certain men, "O, yes, he is a good practitioner and a sensible writer and quite a strong man; but he is not a scientific man; he is not at all well up in modern pathology and that sort of thing." I do not know what your definition of a scientific doctor is, but from a somewhat extended and ample observation I have learned that to be *au fait* in modern scientific medicine consists in being thoroughly posted in all the minutiae of the latest vivisections, hypodermic injections, and therapeutic experiments on frogs, dogs, rabbits, pigeons, etc., and in treating your patients according to hypotheses based upon this sort of work. The more youthful scions of scientific medicine, of course, change their theories and practice from time to time, so as to be in accord with the ever-varying "latest teachings." The old and solid scientific timber retains without modification, however, the earlier impressions made

on it. Thus it happens that we find a not inconsiderable variety of opinion and practice among these so-called scientific doctors. Science and truth are synonymous terms, and the true scientific physician is one whose faith and practice are founded upon established facts in contradistinction to supposed, imagined, conjectured facts. Unfortunately in our profession we possess at present but a very limited number of established facts; but the earnest, practical work now being done by doctors all over the world, and especially in America, is increasing our store. The French physician is eminently scientific in the common comprehension of this term. But he is eminently not a practical physician, and he does not cure his patients. Indeed in the hospitals the healing of the sick seems a matter of very minor consideration. Clinical material in Paris is unlimited in variety and amount, and the physician who desires a large field for the study of the natural history of disease will find all he could desire here. But there is no more unfortunate step that a medical student can take than to go to Paris or Vienna to study medicine. He might just as wisely go to either place to learn morals as to learn how to practice physic. The United States is the best place in the world to make doctors.

Yesterday, at St. Louis Hospital, where there are nine hundred beds for patients with skin-diseases, and a daily average of more than three hundred out-patients, I saw a world of cutaneous disease. Most of the nurses bear on their faces the hideous marks of lupus or of syphilis. Unfortunates whose noses are eaten off, and whose faces are repulsive from the scars of these diseases, are selected as nurses because, I suppose, they could scarcely get any other employment. I saw in the St. Louis lupus being treated by scraping, by scarification, and by escharotics, without any attention to internal treatment. Cod-liver oil, syrup of the hypophosphites, iodide of iron, malt, and rich food will cure many if not most cases of lupus without local treatment. Burning, scraping, and scarification should be only *dernier ressorts*, and should never be used save in connection with constitutional treatment. I saw cases of eczema of the leg, associated with varicose veins, which were first treated by poultices, next by water-dressings, and then by the solid stick or strong solutions of lunar caustic. The poor victims complain terribly of the pain. Such treatment is utterly cruel and senseless. The elastic bandage or stocking, or the properly-

applied roller bandage, with soothing applications and proper constitutional treatment, cures such cases speedily and pleasantly. I saw psoriasis treated by harsh local applications, which merely remove the scales for the time being. Psoriasis, like lupus, is a manifestation of scrofula; and the treatment mentioned for lupus, together with frequent warm bathing and inunctions of oil, will permanently cure a large proportion of these cases. I saw impetigo contagiosum (so called, but which is only a variety of fever-blister, and curable certainly and rapidly by antiperiodics) treated solely by local applications. The treatment at the St. Louis Hospital is a fair specimen of Parisian practice. The careless and indecent exposure of the persons of female patients in this institution is on a par with that I have spoken of in a former letter. There is a very splendid case of true leprosy, of the anesthetic variety, in the St. Louis. Poor creature, his doom is sealed. His fingers and toes will first rot off. His nose, knees, and other points are apt to ulcerate, and from gradual destruction of tissue and from general debility he will slowly perish. An intercurrent pneumonia or pleurisy may carry him off.

Bazin, Hardy, and the other oldish men with whom I went through these wards in the winter of 1867-68 have all been retired, and some are dead; and Maisonneuve and the oldish surgeons of the Hôtel Dieu, whom I used to follow sometimes during the same winter, are shelved. At sixty Paris hospital-physicians and surgeons are retired by the law of the institutions. I am glad not to see Maisonneuve in the wards again. He was brutal and heartless in his treatment of his cases, and his poor patients trembled when he came toward them. I have seen him twist and tear off a woman's cancerous breast and a man's inflamed hemorrhoids with an *écra-seur*, without chloroform, he scolding and the students laughing at the agonizing cries of the poor sufferers.

The exhibition of nitrous oxide gas in a compressed atmosphere I have been unable to witness, as Pagan, its chief advocate, is away from Paris. It is claimed that by this method a patient may be kept under this anesthetic an hour or two without danger. From what I have heard and read of it I am not inclined to regard it as of any practical value.

A few days since I made a pleasant visit to an American physician, whose case is an extremely sad one. I allude to Dr. Good, formerly of Louisville. From exposure in

the French army during the Franco-Prussian war he became the victim of progressive locomotor ataxia, and for some years his lower limbs have become useless, and he is frequently racked by those terrible pains which dart like lightning through the nerves. But, bedridden as he is, he yet does an excellent practice, his patients of course visiting him, and his active and cultivated intellect makes him a delightful companion. The devoted ministrations of a noble sister brightens and soothes his life; and though he is the victim of a malady considered incurable, he is patient and brave and cheerful. By the way, he tells me that he has found bromhydrate of quinia far superior to the sulphate in malarial and other affections. It acts potently in half the size doses of the sulphate, and produces no tinnitus nor other unpleasant symptoms, he says. He gives it in pill. Charcot says he does not use it in ague, but that in certain neuroses he gets excellent results from the bromhydrate. Does not Monsieur Charcot know that many of the neuroses are oftentimes masked agues? The Kentucky doctors do.

Dr. Warren, formerly a professor in the University of Maryland, then surgeon in the Confederate service, and subsequently chief surgeon in the Turkish Army, is the leading English-speaking Parisian physician. He is always spoken of as Warren Bey, having been made a Bey (rank of colonel) in Turkey for saving a high official's life by his exalted professional skill. He is very popular, and deservedly so, both among his patients and professional brethren. Poor fellow! he is now in deep distress, having lately lost his lovely and accomplished wife, the devoted companion of more than a score of years.

Dr. Du Montpelier, at the Piété, is treating his cases of sciatica and other neuralgias by hypodermic injections of water, simple puncture, and by introducing a long exploring needle under the skin and moving it about for some time. The operation is done on the side of the body opposite the pain. Du Montpelier has great faith in these practices, and he is an ardent believer in metal-therapy. I learn from Mr. Ernest Hart, editor of the British Medical Journal, now on a visit to Paris, that just the same results have been obtained by acupuncture, hypodermic injections of water, and blisters, in transferring anesthesia, achromatism, etc. from the affected side that Charcot and Du Montpelier have produced by magnets and various metals. Metallo-therapy seems merely

a revival of Perkins's metallic tractors, which created such a sensation in London some eighty or a hundred years ago. Parliament voted a sum of money to the investigation of the wonderful effects produced by the metallic tractors, and it was demonstrated that pieces of wood painted like metal and the patients believing them metal were just as efficacious as pieces of metal. Dr. Jennings in his thesis before spoken of shows that Aristotle, Galen, Paracelsus, Hippocrates, and Dioscorides wrote about metallotherapy. Is there any thing that old set didn't know something about? All the same Charcot's experiments are truly curious.

I have just heard that one of Louisville's prominent citizens has become the subject of spinal disease, and is going to Europe to seek medical aid. How funny this is, when Dr. Sayre is traveling about all over Europe teaching the English and French and German and Dutch doctors how to cure spinal disease. There is not one man this side the Atlantic who understands the subject as thoroughly or who has had any thing like the success in curing spinal diseases that the surgeons of the University of Louisville have had. There is probably no state in America where spinal diseases are not immeasurably better treated than they are in any city in Europe. For instance, this morning I was asked by a physician to see a case with him to decide if it was a proper one for Sayre's dressing. It turned out to be a beautiful case of Potts' disease, scientifically speaking; and the pretty little six-year-old boy, instead of being burned with hot irons and being kept on his back for a year with doubtful results, will, with a properly applied plaster jacket, be running all about in twenty-four hours, and will be permanently cured with celerity and certainty. By the way, Dr. Sayre says every doctor ought to treat his own cases of spinal disease, and that some of the best results he has ever seen have occurred where the mothers of the afflicted children put on the dressing. Dr. Sayre was utterly unable to procure in Paris the proper plaster of paris, the proper muslin, or the proper net shirts for his dressings. How strange! The little child just spoken of has till lately been for a year a patient of Paris's leading surgeon in spinal and other bone diseases. Sayre was quite ill here with rheumatism, but salicylate of soda and quinia cured him directly.

I have this time encountered but one lady studying medicine in the Paris hospitals.

She is a pleasant and pretty and intelligent English girl—Miss Burchard. Mrs. Alice Hart, wife of Mr. Ernest Hart, has come over to Paris to complete her medical studies this winter. The description I have given of Miss B. is exactly applicable to Mrs. H., who is a most superior woman.

The new Hôtel Dieu is a great failure. It is not imposing or attractive in architecture, it is badly arranged for light and ventilation, it has only six hundred beds in it, and cost between six millions and nine millions of dollars—dollars, mind you, not francs.

In fifteen days, I am delighted to remember, I shall turn my face homeward.

Faithfully, L. P. VANDELL.

PARIS, September 3, 1879.

INFLUENCE OF ERGOT ON HEMORRHAGES OTHER THAN UTERINE.

To the Editors of the Louisville Medical News:

Some weeks since I was called in the night to see a case of umbilical hemorrhage, and found an infant twelve days old completely soaked with blood. The hemorrhage had been going on for eleven hours without any effort to stay it. Found the umbilicus apparently healed over the top, but blood was continually welling up from the bottom of a deep wrinkle. After informing the parents of the dangerous nature of the case, I carefully cleaned and dried the navel, and placed a pyramid of powdered subsulphate of iron at least half an inch deep over it. Above this I laid the half of a large proff-ball (a species of large mushroom), and bandaged the whole firmly around the abdomen. I then gave six drops of Tilden's fluid ext. ergot, and ordered the dose to be repeated every hour until the hemorrhage should cease. The next day I learned that but two doses were needed, as the bleeding ceased about half an hour after I left.

A few evenings later a messenger came for me, saying that his sister, who was suffering from heart-disease and bloated with dropsy, was throwing up blood from her lungs in large quantities. On reaching the house, some miles distant, I saw a middle-aged unmarried woman, of very limited intellect, sitting in a chair and surrounded by evidences of most severe hemorrhage. Her nose had been bleeding from both nostrils some five hours, but during the last hour or two clots had formed in front, compelling the blood to flow down her throat, from which she constantly hawked it up. Sup-

posing it to be a case of pulmonary hemorrhage, I had come unprepared to attack a case of nasal bleeding. The blood was still rapidly flowing, and her face was quite blanched. I immediately gave her a teaspoonful of Tilden's fluid ext. ergot, and ordered half as much to be given every half hour until the bleeding ceased, and ordered them to send me word if the flow did not stop after three doses. On visiting her in the morning I was informed the hemorrhage ceased in less than twenty minutes after taking the first dose, but that a second one had been given by way of precaution. Her dropsy was entirely gone, and she has rapidly recovered from the enormous loss of blood.

A. K. VAN HORN, M. D.

YELLOW CREEK, ILL.

Reviews.

Statistics of Placenta Previa. Collected from the Practice of Physicians in the State of Indiana. By ENOCH W. KING, M. D., Galena, Ind.

In this pamphlet one hundred and twelve cases are arranged in tables, presenting every important point connected with this much-dreaded condition, and giving deductions made by the numerical method. This is the character of literature that the practitioner of to-day demands most—the results of experience arranged numerically, not alone in rare diseases, but as well in the commoner ones; for our therapeutics is by no means so perfect but that comparisons can improve it.

Dr. King forwarded circulars to all the physicians in Indiana, with the request if any cases of placenta previa had occurred in their practice to answer the following questions: 1. Age and name of patient; 2. Number of pregnancy; 3. Time of pregnancy when hemorrhage first commenced, with amount and frequency of occurrence; 4. Presentation of placenta; 5. Presentation of child; 6. Treatment; 7. Result to mother; 8. Result to child; 9. Remarks. Dr. King then studies these cases in the aggregate. These studies are so eminently practical in character that the following notes have been made thereon.

Age.—Most cases occur between thirty-six and forty inclusive, and twenty-six and thirty.

Number of pregnancy.—Most cases occur during second pregnancy; next during third and fifth pregnancies.

Time of pregnancy when hemorrhage com-

menced.—Most cases during seventh month, then during ninth month and at full term; but it may come on at any time during the pregnancy.

Dr. King rejects the explanations of Jaquemir and Barnes for this phenomenon of hemorrhage during the early months of pregnancy, and prefers Playfair's theory of constant uterine contractions. Bandl's theory as described by me sometime ago* explains this phenomenon completely.

Amount of hemorrhage.—Profuse, 63.92 per cent; moderate, 30.95 per cent.

Placental presentation.—Complete, 73.58 per cent; partial, 26.42 per cent.

Cases left to nature; no treatment.—Seven cases, four mothers recovering and three dying (42.94 per cent); one child living, the others dead. The average mortality of mothers in the one hundred and twelve cases is 26.78 per cent. Thus we see that placenta previa cases left to nature offer little encouragement to the physician.

Cases in which ergot was the principal remedy used.—Nine cases, five mothers recovering, four dying; one child living, six dead; two unborn. In justice to the reader we should add here that there were a number of other successful cases treated with ergot as an auxiliary measure which should also be added to this list for comparison. For instance, among the

Seven cases in which rupture of the membranes formed the principal reliance, mothers and children all recovering, were two cases to which ergot was administered. In the above seven cases the method of Puze seems to have been employed, that is, the gradual opening of the os uteri with one or two fingers, thus rousing the uterus to action, bringing on labor-pains and making the membranes tense; the object being to rupture the membranes without delay.

Cases in which entire detachment of the placenta was the principal treatment adopted.—Eleven cases, placental presentation complete in every case, nine mothers recovering, two dying undelivered, two children living, nine dead. Ergot was administered in four successful cases and one undelivered case. In six of the cases all hemorrhage ceased after entire detachment of the placenta. In the two wholly successful cases ergot was given to one and the forceps used in the other. This latter case is not considered in the table of

Cases in which the forceps were used as the principal reliance.—Three cases, one mother

* Louisville Medical News, Vol. V, page 203.

and child surviving. If the above case be added to the list we have two complete recoveries in four cases. Where version is impossible I consider the application of the forceps our next best means.

One case of craniotomy after failure of tampon to arrest the hemorrhage; mother recovered.

Cases in which the tampon seems to have been the principal reliance.—Fifteen cases, thirteen mothers recovering, two dying, one undelivered; nine children living, two dead. To this list the case of craniotomy should be appended as an unsuccessful application of the tampon. Dr. K. says, "It was not with the expectation of the tampon forming a coagulum in the vagina or cervix that it was used by the reporters in this collection, but that it should act mechanically, and the cervix and vagina be completely plugged and packed, and thus restrain the hemorrhage until the os dilated or delivery was completed." The doctor perhaps forgot at the time he wrote that as the os dilates the bleeding surfaces recede, and the coagula are formed in spite of the physician's expectations, and as *mechanically* stop further hemorrhage as do the ordinary tampons. Many practitioners object to the tampon for the reason that it conceals the hemorrhage, but does not check it. I can not regard this plea sufficiently strong to enter against the results of the last-mentioned table. The colpeurynter has sometimes been used instead of cotton tampons. I saw it used in one case, and I know of a second case treated similarly by the same physician. Both cases ended fatally. Packing with cotton tampons after post-partum hemorrhages is becoming a universally favorite method.

Cases in which version was the principal treatment adopted.—Fifty-eight cases, forty-one mothers recovering, twenty-five children living, thirty-one dead, two result unknown. This is the preferred treatment as justified by all the statistics on this subject.

TIME OF DELIVERY BY VERSION.

Month.	No. of Cases.	Recoveries.	
		Mothers.	Children.
7th,	4	3	1
8th,	3	3	3
8½,	3	1	1
Full term,	28	20	13

According to this table, the safest time to bring on labor is at the eighth month.

Dr. K. concludes his report with a comparison of the various collections of placenta previa cases. The results compare very favorably with other reports.

L. S. O.

Pharmaceutical.

THE SOLUBILITY OF QUININE.

QUININE, SULPHATE,	dissolves in 700 parts of water.
QUININE, BISULPHATE,	" 10 " "
QUININE, MURIATE,	" 24 " "
QUININE, VALERIANATE,	" 110 " "
QUININE, BROMIDE,	" 60 " "
QUININE, TANNATE,	very slightly soluble in water.

The above table indicates the greater solubility of the bisulphate, a very important point, particularly when administered in the form of pills or powders; or if to be made into solution, no acid is required, as it dissolves at once in water.

These facts are receiving a great deal of attention from the medical profession, as the decided advantages of the latter salt over the plain sulphate are so apparent.

McKesson & Robbins, who are now extensively engaged in quinine manufacture, prepare a very fine bisulphate of quinine, which we would invite physicians to give a test. Price and dose same as sulphate.

The wholesale and retail druggists have now a good supply of McKesson & Robbins's bisulphate of quinine in crystals, as also in G. C. pills, one fourth, one half, one, two, three, four, and five grains.

Books and Pamphlets.

EMOTIONAL PRODICALITY. By C. Fayette Saylor, M. D. Read before the New York Odontological Society, March 18, 1879. Reprinted from the Dental Cosmos, July, 1879.

A TREATISE ON HYGIENE AND PUBLIC HEALTH. Edited by Albert H. Buck, M. D., American Editor Ziemssen's Cyclopedia of Practice of Medicine, etc. Vols. I and II. New York: Wm. Wood & Co. 1879.

The Louisville Medical News.

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The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

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Consultations.

Duo capita quam unum meliora.—CELSUS.

In reply to the question, "How to fill a medicine-case for the pocket, I would say that the arrangement of mine presents many features of convenience. It contains sixteen vials, eight on each side, thus:

NARCOTICS.

Morphiæ sulphas,
Powd. opium,
Dover's powder,
Bromid. potass.

SUDORIFICS.

Powd. ipecac,
Nitrate potash.

ANTACIDS.

Prepared chalk,
Subnit. bismuth.

CATHARTICS.

Podophyllin,
Pulv. rhei,
Hyd. p. creta.

TONICS.

Sulph. quinine,
Cinconidia sulph.

ASTRINGENTS.

Pulv. kino,
Zinci oxid.,
Acetate plumbi (or
santonin).

A. K. VAN HORN, M. D.

YELLOW CREEK, ILL.

Miscellany.

INDIANA, ILLINOIS, AND KENTUCKY TRI-STATE MEDICAL SOCIETY.—This society will convene in Evans Hall, Evansville, Ind., 10 o'clock A. M., Tuesday, November 4, 1879. The following is the order of business:

1. Prayer—Rev. C. B. H. Martin, D. D.
2. Address of Welcome—Judge Wm. F. Parrett.
3. Address of Welcome to Kentucky and Illinois—Dr. J. R. Wiest, of Richmond, Ind.

Resp.

FIRST DAY, 2 O'CLOCK, P. M.

4. Report of Committee of Arrangements—Dr. A. M. Owen, chairman, Evansville.
5. Reading records of last meeting. Appointment of Committee on Credentials.
6. Committee on Publication—Drs. G. W. Burton, F. W. Beard, and Thos. F. Rumbold.
7. Report of Treasurer. Report of Corresponding Secretary. Reception of members by invitation.
8. Call for volunteer papers.

7:30 O'CLOCK, P. M.

Annual Address of the President. Public. Dr. J. A. Ireland.

SECOND DAY, 9 O'CLOCK, A. M.

CHAIRMEN OF SECTIONS.

Surgery—Dr. J. M. Keller, Louisville, Ky.
Practice of Medicine—Dr. S. H. Charlton, Seymour, Ind.
Obstetrics—Dr. J. W. Singleton, Paducah, Ky.
Gynecology—Dr. H. B. Buck, Springfield, Ill.
Pathology and Microscopy—Dr. J. L. Mathews, Springfield.
State Medicine—Dr. Thad. M. Stevens, Indianapolis.

REGULAR PAPERS.

Strabismus—Dr. John Green, St. Louis.
Abuse of Coffee—Dr. J. S. Jewell, Chicago.
New Treatment of Hip-joint Disease—Dr. Duncan Eve, Nashville.
Microscopy—Dr. Gordner, Bedford, Ind.

2 O'CLOCK, P. M.

Color-blindness—Dr. Dudley S. Reynolds, Louisville.

Diseases of the Sympathetic—Dr. Sarah Hackett Stevenson, Chicago.

Obstetrics professionally criticised—Dr. J. W. Singleton.

The Coma in Cholera Infantum—Dr. Jacob Hayes, Bridgeport, Ill.

Obstetric Forceps, their Use and Abuse—Dr. G. B. Walker, Evansville.

Symptoms of Perinephritic Abscess, with Cases—Dr. J. M. Holloway, Louisville.

7:30 O'CLOCK, P. M.

Public Address—Dr. J. M. Keller, Louisville.

THIRD DAY, 9 O'CLOCK, A. M.

Quacks—Dr. J. H. Rauch, Chicago.

Surgery—Dr. J. B. Cook, Louisville.

Paper—Dr. E. Williams, Cincinnati.

Dressing Wounds—Dr. David Prince, Jacksonville.

Surgical Treatment of Intestinal Obstructions—Dr. W. T. Briggs, Nashville, Tenn.

Ovarian Tumor—Dr. Edw. Borch, St. Louis.

Ophthalmology—Dr. J. L. Thompson, Indianapolis.

2 O'CLOCK, P. M.

Plaster Dressing—Dr. Lewis A. Sayre, New York.

Therapeutic and Hygienic Management of Consumptives—Dr. J. F. Hibberd, Richmond.

Local Poisons—Dr. H. C. Fairbrother, East St. Louis, Ill.

Management of Infants—Dr. J. B. Cook, Henderson, Ky.

Lithotomy vs. Lithotripsy—Dr. A. M. Owen, Evansville.

Scarlatina—Dr. J. H. Charlton, Seymour, Ind.

Epidemic Scarlatina—Dr. J. W. C. C. pton, Evansville.

Water as a Carrier of Disease—Dr. E. D. Laughlan, Orleans, Ind.

7:30 O'CLOCK, P. M.

Reception at Evans Hall.

Public Address—Dr. E. H. Gregory, St. Louis.

FOURTH DAY, 9 O'CLOCK, A. M.

Sanity—Dr. J. D. Gatch, Lawrenceburg.

Mental Hygiene—Dr. J. W. Hervey, Indianapolis.

State Management of Insane—Dr. J. H. Helm, Peru, Ind.

Sanitary Effect of Drainage—Dr. Wm. Commons, Union City, Ind.

State Medicine, Quarantine, and Isolation—Dr. Thad. M. Stevens, Indianapolis.

Sore Eyes—Dr. John E. Harper, Evansville.

Lesions of Abdominal Viscera—Dr. R. C. Thomas, Bowling Green, Ky.

Effects of Maternal Impressions upon the Fetus in Utero—Dr. W. B. Furman, Henderson, Ky.

Kentucky Lunatic Asylum—Dr. James Rodman.

2 O'CLOCK, P. M.

Hypodermic Medicine in Hemorrhoids—Dr. Jas. H. Letcher, Henderson, Ky.

Pulmonary Consumption — Dr. S. E. Munford, Princeton, Ind.

Antiseptics—Dr. J. N. Rafferty, Palestine, Ill.

Epilepsy—Dr. Chas. D. Pearson, Indianapolis.

During each morning the Society will be in session as a body. If desirable, the sections will hold separate meetings in the afternoon.

DR. G. W. BURTON, *Sec'y*,
Mitchell, Ind.

The usual reduced rates on lines of travel have been secured. The meeting, we understand, promises to be very large.

HARD TIMES.—I do n't know much about the diseases they call by long names, but sometimes I come across an article in good plain English—something about "fee-bills" or "charity patients" or "hard times"—and then I am interested. Why should n't I be? Why should n't all doctors' wives be interested? Don't we all have to scrape the bottom of the flour-barrel? Don't we all have to darn stockings and patch and mend old clothes, because we can not get new ones? When I read what somebody has said about the best method of collecting accounts—making people pay for what they have got—I understand those kind of articles, but John don't like them. He says they won't work—a physician's practice aint a business. I never could understand what he means by that. If I was John, I guess I'd mean business, any way. If he don't get the money for us, I'd like to know where it will come from. Now, you see, I'm practical. I never could understand why we should be so poor, any way. John's business is good, and every body likes him; but he don't get what he earns. I believe I could do better than that. Perhaps I can get him to try my plan. If he does, I shall write you again.—*Mrs. Dr. John Jones, in Toledo Medical Journal.*

Selections.

Points of Resemblance in Chancroid and Acquired Syphilis.—Prof. T. G. Richardson, before the "Orleans Parish Medical Society." From the New Orleans Journal of Medicine:

1. Both are infectious diseases, the result of local contagion, and present themselves primarily as sores which secrete a poison similar to that by which they have been produced.

2. The primary sores occur only at such points where the virus has been brought into contact with the subcuticular layer of the skin or mucous membrane.

3. Both are most commonly propagated by sexual intercourse; hence the greater frequency of the primary sores upon the genital organs. Any portion of

the cutaneous or mucous surfaces may, however, become the seat of either of the two diseases when the conditions mentioned in the preceding proposition exist, as is sometimes witnessed in the case of dressers and surgeons who become accidentally inoculated in the performance of their duties by means of minute sores, abrasions, or wounds upon their fingers.

4. In both affections the primary ulcers are liable to assume different phases of action, such as the phagedenic, serpiginous, and gangrenous.

In these four particulars the two diseases often present a very strong likeness, which for the moment may occasionally lead even a very skillful surgeon to reserve his diagnosis. The distinctions, however, a brief synopsis of which I will now present, are usually sufficiently well marked to justify an early if not an immediate decision.

Points of Distinction between Chancroid and Acquired Syphilis.

1. (a) In chancroid there is scarcely an appreciable period of incubation. When the virus has been brought into contact with a cutaneous or mucous surface from which the cuticle has been removed, within a very few hours thereafter a running sore is produced whose secretion possesses the same infectious quality as that from which the inoculated poison was derived. The rapidity of the effect is somewhat moderated when the virus has been inserted beneath the cuticle by means of a lancet or other sharp-pointed instrument, or has become imprisoned in like manner by a slight rupture of the cuticle which closed immediately, as often occurs in coition. In such cases a small papule is developed within twenty-four or forty-eight hours, which soon becomes a pustule, terminating in a day or two in a defined suppurating sore. (b) Syphilitic, like vaccine virus, produces no apparent effect for several days after contact, and the primary sore (to which the name *chancre* should be strictly limited) does not ordinarily attain its full development in less than three and sometimes in less than four weeks. This fact has been conclusively proved, not only by clinical experience, but by experimental inoculation.

2. (a) Chancroid in its formation and progress is nearly always accompanied by heat, pain, redness, and swelling. It thus declares its presence unmistakably to the patient, and compels him to seek relief. (b) Chancre is seldom attended by any inflammatory symptoms, and sometimes reaches its maturity without having attracted the attention of its victim.

3. (a) Chancroid is very commonly multiple, the sores numbering from two to as many as six or eight. This multiplicity may result from as many consentaneous inoculations, but more likely from rapid propagation from one or two original sores. In the latter case the abrasion of the cuticle necessary to effect the result is usually produced by the inflammation excited in the surrounding parts by constant contact with the irritating purulent secretion, and also not rarely by scratching and frictions on the part of the patient. (b) Chancre is nearly always single, and seldom or never duplicates itself by subsequent contamination of the adjacent surfaces. When double, as has been occasionally observed, inoculation of the two points must have occurred simultaneously or within two or three days of each other.

4. (a) The virus of chancroid, as may be inferred from what has been just stated, is anti-inoculable. The purulent secretion furnished by the sore during its active stage and up to within a very short time of its complete cicatrization is capable, either by ac-

cidental or experimental inoculation, of producing any number of similar sores in the same individual. (b) The secretion of chancre, when brought into contact with an abraded surface or introduced beneath the cuticle of the individual in whom the primary sore exists, produces either no effect or else a very greatly modified sore possessing no power of infection so far as has been ascertained.

5. (a) Chancroid varies in size from a line to an inch or more in diameter; has usually clearly defined edges, a surrounding inflammatory areola, and a slightly depressed, angry-looking surface. Its secretion is abundant and purulent, varying in its consistency, but often presenting the physical qualities of laudable pus. It is essentially a *wet* sore, and the adjacent surface for a considerable distance is kept continually bathed in the foul discharge. (b) The ulcerated surface of chancre is not often larger than three or four lines in diameter, but is frequently smaller, has sloping edges, no inflammatory areola, and except when irritated by injury or other accidental cause, or by the application of stimulating substances, or unless phagedenic in its character, furnishes a very meager amount of sero-purulent secretion. It is comparatively a *dry* sore; but the secretion, slight as it is, is capable of doing an amount of damage that is truly appalling.

6. (a) Chancroid is usually superficial, and unaccompanied by decided thickening or hardening of the surrounding or subjacent tissues. Hence it was formerly and still is called by some writers *soft chancre*. This characteristic is, however, frequently lost by the application of escharotics. (b) Chancre is generally distinguished by a remarkable thickening and induration of the tissues beneath and around the ulcerated surface. This may be easily determined by lightly grasping the parts between the finger and the thumb, when the sensation imparted will be like that of a disc of india rubber beneath the skin or mucous membrane. At other times, however, this circumferential hardening is not well marked, although it is probably never altogether absent. This difference in degree should be always borne in mind in making a diagnosis, and the value of the symptom as a characteristic is estimated accordingly.

7. (a) Chancroid nearly always shows a tendency to spread, and sometimes attains to a very large size in a few days. (b) Chancre is indolent, and frequently remains unchanged in dimension or otherwise for several weeks.

8. (a) Chancroid is frequently productive of bubo; but this is not a necessary result, and should be looked upon rather in the light of an accident. When present, it is ordinarily limited to the lymphatic gangliæ nearest the sore; but the inflammation may spread to other ganglia upon the route of the lymphatic vessels leading from the spot, and thus give rise to a polyganglionic swelling. The bubo of chancroid is commonly accompanied by acute inflammation, which results in the formation of a collection of pus possessing the same infectious quality as that of the original ulcer. In such cases the virus seems to be carried from the chancroid by the lymphatic vessels and lodged in the *rete* of the ganglion, where it excites suppurative action. In other instances where suppuration does not take place, the probability is that the swelling is due to a simple extension of the inflammation along the lymphatic vessels, as is often observed in connection with non-specific ulcerations. (b) In chancre there is always enlargement of a number of the adjacent lymphatic ganglia, unac-

companied by pain or other marked symptoms of acute inflammation, and possessing little or no tendency to suppurate. When the primary sore is seated upon the genital organs all the ganglia of the upper inguinal group upon each side are usually affected. Suppuration occasionally occurs in consequence of external injury or of a depraved state of the system; but this is rare.

9. (a) Chancroid is not succeeded by discolorations of and eruptions upon the skin and mucous membranes, ulcerations of the throat, falling of the hair, specific inflammations of the deeper tissues, or other symptoms of constitutional infection. (b) Chancre when left to itself is invariably followed by cutaneous and mucous eruptions, ulcerations in different parts of the body, deep-seated inflammation, morbid deposits in various tissues and organs, and numerous other effects, which characterize it as one of the most penetrating and dreadful constitutional diseases to which the human body is liable. Superadded to the power of producing these dreadful consequences in its original victim, it possesses the quality of heredity in a marked degree; and thus the sins of the parent are visited upon the children throughout several generations.

10. (a) As chancroid is not a constitutional disease it is in no degree protective. On the contrary, it may repeat itself an indefinite number of times in the same individual when the latter is exposed to the exciting cause. (b) Chancre is as strictly constitutional as the vaccine pustule, and, like the latter, so modifies the system that no new infection possessing the true characteristics like the original can be produced.

11. (a) Chancroid is not arrested or moderated, but often powerfully aided in its destructive action by mercurialization or iodism. (b) Chancre is frequently cured and its secondary results prevented by the judicious administration of mercury. When the infection has reached the secondary and tertiary stages mercury and iodine *when properly employed* are truly antidotal.—*Ibid.*

Hypodermic Injections of Chloral in Convulsions.—I have great confidence in the effect of chloral and bromide potassium administered internally, but some cases resist its internal administration. One case in point is that of a little boy, aged about seven years, who had been treated in all manners and by all means till complete unconsciousness. The bowels were constipated; he had passed little urine; the skin felt clammy; the temperature was below normal; pulse slow and weak until the commencement of the paroxysm, when it increased in frequency and fullness. The attack commenced at the angles of the mouth, going to the facial muscles and those of the eye, and then to the right and left side of the body until the child was convulsed *en masse*. Realizing the inadequacy of prescribing any more of the pet prescriptions, I determined to inject four grains of hydrate of chloral hypodermically. Hardly had this been done one and a half minutes when every bad symptom disappeared, and the boy slept soundly for about four hours. He then awoke, asked for some water, and slept soundly till the next morning, experiencing no bad effects from the procedure. A small abscess at the point of insertion ensued, and was readily healed. I have tried the same method in several cases since that time, and feel some confidence in its use.—*Jos. L. Bauer, M.D., in St. Louis Clinical Record.*

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII.

LOUISVILLE, OCTOBER 11, 1879.

No. 15.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

A MOST extraordinary tale is in the public press concerning the death of the nephew of Prescott, the historian, which lately took place at Brooklyn. He was subject to a severe neuralgia supposed to arise from a decayed tooth. This was filled by a dentist in Boston, and soon afterward the decay in the tooth spread to his jaw and other tissues, and only stopped when, as the papers state, it had "severed the connections between the head and body save the spinal column," at which point the patient succumbed. The dentist was blamed with the death, he having, as it was said, filled the tooth with arsenic to destroy the nerve. This he denied, however; and even if he had not, such ravages from arsenic as those related in this case would be rather fresh news to the profession.

It is announced that Prof. E. S. Gaillard has resigned his chair in the Louisville Medical College. Prof. Gaillard has been so closely identified with this school that without him it will indeed be much like "Hamlet without Hamlet." Gov. Blackburn has also, after an arduous service of six months, tendered his resignation as president of the board of trustees of the Louisville Medical College.

WE call the attention of our readers to the fact that in a fortnight this journal will reach its two hundredth number. There is still time sufficient for the testimonial which is usual on such occasions. We ask that payments be made by that time.

Vol. VIII.—No. 15

THE indications are that every where the medical schools are fuller than usual. This may be the result of the "better times" which are so noticeably dawning on the country at large, but it is hard to say. In flush times young men study medicine because they have the means; in flat times they study it because they can find nothing else to do; and so the walls keep full whether the country is up or down. We would fain believe that the present overpour is due to the fact that the late advance in medical education is rendering the practice of physic a more respectable calling.

THE doctor-governor of Kentucky is shocking a number of truly good and pious citizens by pardoning a lot of disease-stricken convicts from the shamefully-crowded state prison. Among the number turned out to prey upon society were several in the last stages of consumption and one fellow without legs. A boy of eleven, sent up by some asinine jury, was returned to his mother to be spanked, without being allowed to enter the prison-gate.

PROF. STOKES declares that the doctrine of *contraria contrariis curantur* is as absurd as that of *similia similibus*. Probably the safest system is that introduced by Father Hippocrates, and further elucidated by our cousin Bacon: that whatever has cured a number of times may under like circumstances be of benefit again—if it has luck.

THE popularity of the National Dispensatory of Stillé and Maisch is evinced by the fact that a second edition is already called for, when the first is only a few months old.

Original.

MUSHROOM POISONING.

BY A. C. SCHUMAN, M. D.

On September 21st as I was on my way to visit a patient in the country I met three men coming in from a mushroom-hunt with a good supply of what they called mushrooms. I looked at them and pronounced the largest portion of their collection poisonous, with the warning not to eat them. On September 22d, about 6 P. M., I was called to the house of Mr. C., one of the three men, and found himself and wife very sick from mushroom poison. Mrs. C. was decidedly the worse of the two. She had, however, owing to the warning I had given to her husband, not partaken of more than four small ones about noon the day before. Mr. C. had after coming home abstained from eating them, but had eaten several raw ones in the field while gathering them. Mrs. C. complained of a violent attack of diarrhea, which had commenced about 4 A. M. and continued all day, bowels moving every half hour; thin, watery stools; no tenesmus; only slight pain after the first few actions. She had not eaten any thing all day, and had taken a dose of castor oil about half an hour before I arrived. Shortly after I came she vomited about three pints of a gelatinous mass of a dark gray color. The pulse was irregular and intermittent. It would beat at the rate of twenty-five to the quarter minute; then perhaps for one minute at the rate of thirty-five or forty to the quarter. Great anxiety, with hiccough, which had commenced about six hours before; also continual yawning; no difficulty in breathing, no pain, very little tenderness on pressure on abdomen. Mr. C. suffered similarly, only in milder form, with diarrhea, vomiting, irregular pulse, he having no hiccough and not yawning, but felt stupid and very much alarmed, as he had just been informed that one of the three men and a boy who had eaten some of the mushrooms had died from the effects of the poison. Ordered

R Chloroformi..... ʒ ij;
Alcohol..... ʒ ij;
Ammon. carb..... ʒ j;
Pulv. acaciæ..... ʒ iv;
Aquæ camph..... ʒ iv. M.

S. Tablespoonful every hour.

To drink milk with lime-water and barley-water. 11 P. M. same day: Pulse not quite so irregular, vomiting and diarrhea less;

both patients express themselves more comfortable, but the hiccough and yawning of Mrs. C. continue as before. Ordered the medicine to be continued, with mustard-plaster over stomach.

September 23d: Mrs. C. has not slept any during the night; hiccough and yawning somewhat less, but still persistent; vomiting worse since the medicine had given out, the bowels moving involuntarily at each act of vomiting; complains of sensation of pins and needles all over her body. Ordered

R Chloroformi..... ʒ j;
Morph. sulph..... gr. j;
Bism. subnit..... ʒ j;
Pulv. acaciæ..... ʒ iv;
Aquæ camph..... ʒ iv. M.

S. Tablespoonful every two hours in some toddy.

September 24th: Mr. C. feels well, only weak and dizzy. Mrs. C. has slept several hours during the night; vomiting and diarrhea much better; heart still somewhat irregular in its action; hiccough almost entirely relieved; still yawns frequently; no appetite; not much thirst. Continued the medicine in half-tablespoonful doses.

September 25th: Has slept well during the night; has eaten two soft-boiled eggs, crackers, and cup of coffee; vomiting entirely relieved; bowels still loose; yawning continues, but not so frequent; pulse eighty per minute and regular.

September 26th: Feels well; hungry all the time; wants to eat every half hour; bowels much better, but still inclined to be loose.

Upon examining the mushrooms closely there were found imbedded in the fleshy part a number of minute green worms. I have seen very small white worms, almost invisible to the unaided eye, in the edible variety. It is barely possible that the poison may depend on the presence of these minute green worms. Those with the white worms have been eaten without any evil results. The ones Mrs. C. had eaten were of the variety that are white under the cap, but they could be peeled very readily, which is said to be a test for the edible variety. I have never gathered any but those that have a peculiar pinkish color under the cap, and with short, thick stems, and have not paid any attention to the peeling test. The following general rules are given to distinguish those which are wholesome from the poisonous: Those should be rejected which have a fetid odor, an acrid or bitter taste, which grow in very moist places and upon putrefying substances, or exude a milky, acrid, styp-tic juice, or are very soft, liquefying, and

assuming a bluish tint upon being bruised. Even mushrooms that are usually edible may become poisonous if gathered too late or in places that are too moist.

There were eight persons made sick by partaking of this lot of mushrooms, two of whom died and one is still suffering from the effects of the poison.

LOUISVILLE.

Correspondence.

WOUND OF SCROTUM.

To the Editors of the Louisville Medical News:

In your issue of September 13th inst. I find a communication from J. T. Davis, M. D., of Fisherville, Ky., which reminds me of a similar case in my practice a few years past.

Three lads about fourteen or fifteen years of age were amusing themselves by shooting each other with paper wads. One would take a position fifteen or twenty paces in front of the gun, project his buttocks, and receive the shot. This was going on briskly, every one taking his turn alternately. Finally Elden M. placed himself in position to receive a shot, and to their astonishment the ramrod (being forgotten in the shotgun) pierced his scrotum and tore its way through the lower portion, in such a way as to allow the testicles to drop out, leaving the scrotum contracted above them. The boy was carried home immediately, and his friends there swept the chimney for soot, with which they enveloped the perfectly denuded testicles, and sent for the doctor.

The writer received the summons and hurried to the spot and found the patient in the predicament described above. Night had come on, and the artificial light was poor; but the diagnosis was quickly made, and it was decided that the most difficult part of the treatment was to remove the soot. The boy was taken out of bed, placed on the floor, and water poured from a pitcher on the testes until they were clean. A few specks were wiped off; then they were replaced, the scrotum drawn down and made to inclose them again, and a few stitches completed the operation. I had some fears that all the extraneous matter would not be removed, but the wound healed by first intention, and the case was dismissed as well in a few days, and continues so to date.

C. H. EDWARDS, M. D.

FRANKLIN, KY., Sept. 30, 1879.

Reviews.

Guide to the Examination of Urine. By K. B. HOFFMAN, Professor at the University of Graz, and R. ULTMANN, Docent at the University of Vienna. From the second edition, with illustrations. Translated and edited by F. FORCHHEIMER, M. D., Professor of Medical Chemistry in the Ohio Medical College. Cincinnati: P. G. Thomson, publisher.

Analysis of the Urine. By K. P. HOFMANN, Professor in University of Gratz, and R. ULTMANN, Docent in the University of Vienna. Translated by T. BARTON BRUNE, A. M., M. D., and H. HOLBROOK CURTIS, Ph. B. New York: D. Appleton & Co., publishers.

It is not surprising that a book possessing such European popularity as the above work should have been translated by two different persons at the same time. It has been the stimulus and main text for a number of "original" books on urinalysis in our own language. Both of the above translations have their virtues and their faults. For instance, the Appleton's volume is characteristic of this great publishing house; it is neat, the paper is excellent, engravings superb, and the style of writing is careful and studied; but when we compare it with the little inconspicuous translation of Forchheimer, we are immediately more favorably impressed with the latter. True, the engravings, paper, binding, etc. are not so rich; but the translation itself is much better, the diction more unconstrained and terse, more independent judgment exercised in curtailing and making useful additions. "Every test, every method is brought home to the student and physician for use in practice," says Dr. Forchheimer in his preface. The simpler and approximative tests are preferred by the practical physician to the more complicated and exact ones, and here he has several to choose from for each test.

We indorse the statement that the book is fully up to the times, and heartily recommend it to students and practitioners of medicine as the most useful and concise book on the subject. The practitioner, when he reads this little book, will be astonished at the simplicity of ordinary urinalyses, and, instead of sending to experts, will save time and trouble by making them for himself.

O.

THE question of kolpolusis *versus* kolpoklesis—the advantages of the former over the latter, as illustrated in atresia of the vagina, etc.—was discussed at the late gynecological struggle at Baltimore.

Books and Pamphlets.

LA VECCHIA E LA NUOVA SIFILOPATOLOGIA. PRELEZIONE. Al corso di Pathologia e Clinica Dermo-Sifilopatica nella R. Università di Catania. Del Prof. Primo Ferrari. (Italy.)

DELLA NINFO-ELEFANTIASI SIFILITICA. Storia e Considerazioni. Ferrari, dott. Primo, Professore straordinario di Clinica Dermo-sifilopatica nella R. Università di Catania. (Italy.)

SULLA STORIA NATURALE DELL'ACHORION: Breve Esame Critico. Del Dott. Primo Ferrari, Prof. aggr. dell'Università di Perugia, Corrispondente della Società Dermatologica di New-York. (Italy.)

ON SPASMODIC STRICTURE OF THE URETHRA: A Reply to Dr. F. N. Otis. By Henry B. Sands, M.D., Professor of the Practice of Surgery in the College of Physicians and Surgeons, New York; Attending Surgeon to the New York and Roosevelt Hospitals.

CHRONIC SPASMODIC STRICTURE, OR URETHRISMUS: Second Paper in Reply to Dr. H. B. Sands. By F. N. Otis, M.D., Clinical Professor of Genito-urinary Diseases in the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital; etc. Reprint from the Hospital Gazette of June 28, 1879.

SIMPLE CONJUNCTIVITIS AND PURULENT OPHTHALMIAS. From papers read before the Medical Association of the State of Missouri, 1878 and 1879. By Charles E. Michel, M.D., St. Louis, Professor of Ophthalmology and Histology in Missouri Medical College. Reprint from St. Louis Courier of Medicine for September, 1879.

THE PRESERVATION OF GOOD EYE-SIGHT AND THE USE OF SPECTACLES. Read before Ohio State Medical Society, June 3, 1879. By J. H. Buckner, M.D., Cincinnati, Ophthalmic and Aural Surgeon to St. Mary's Hospital, and Surgeon to Cincinnati Eye, Ear, and Throat Free Dispensary.

SOME POINTS CONNECTED WITH THE QUESTION OF RESPONSIBILITY AS IT RELATES TO THE PARTIALLY INSANE. By T. L. Wright, M.D., of Bellefontaine, O.

A thoughtful essay evidencing no little familiarity with the literature of the subject. The author concludes as follows:

1. The partially insane are always responsible.
2. They are never responsible in an equal degree with the sane.
3. They can not justly be held responsible in the same manner or kind in which persons of sound mind are held.
4. As a corollary from the above conclusion, it is claimed that it is the duty of the state to provide a place of confinement for the criminally insane, different from jails and penitentiaries, and different also from the ordinary insane-asylum.

Believing the best doctrine for the safety of society to be "the greatest good to the greatest number," we regard the penitentiary as the best remedy for kleptomania, and hanging the wisest treatment for homicidal mania.

A CASE OF ULCERATIVE SCROFULODERM. Read at the Second Annual Meeting of the American Dermatological Association, at Saratoga, N. Y., August 28, 1878. By Arthur Van Harlingen, M.D., Chief of the Skin-Clinic, Hospital of the University of Pennsylvania. Reprint from Archives of Dermatology, April, 1879.

CONTRIBUZIONE ALLA CLINICA GENERALE E SPECIALE DELL' ENTERO-PERITONITE SIFILITICA. Del Dottor Primo Ferrari, Professore e Direttore della Clinica Dermo-sifilopatica nella R. Università di Catania. Catania: Stab. Tip. Salv. Musumeci. 1879. (Italy.)

FIRST STEP IN CHEMICAL PRINCIPLES: An Introduction to Modern Chemistry, intended especially for Beginners. By Henry Leffmann, M.D., Lecturer on Toxicology in Summer School of Jefferson Medical College; Ass't Prof. Chemistry, Philadelphia Central High School, etc. Phila.: Edw. Stern & Co. 1879.

THE TENTH ANNUAL REPORT OF THE AMERICAN MUSEUM OF NATURAL HISTORY, CENTRAL PARK, NEW YORK. January 1, 1879. New York: Printed for the Museum.

An interesting pamphlet, in which is recorded the gratifying progress of what is destined to become a great institution.

BIBLIOTHECA DERMATOLOGICA. A Catalogue of Cutaneous Literature in the Library of Henry G. Piffard, M.D., Professor of Dermatology, University of the City of New York, etc. 1879.

In his preface Prof. Piffard says no complete bibliography of cutaneous literature has ever been published, and as such a publication would prove of great utility to those interested in the subject, the undersigned has put forth the accompanying in the hope that even an imperfect list would not be entirely valueless. He further desires to increase this collection, and to that end invites those who may possess dermatological works, not here included, which they are willing to dispose of, to communicate with him with a view to their transfer for a suitable consideration.

He hopes at a future time to compile a complete bibliography of the subject, and will be thankful for the titles of works, monographs, etc. that have been here omitted.

Whatever Dr. Piffard does is well done. Dermatologists every where will welcome this publication.

FURTHER CONTRIBUTIONS TO THE TREATMENT OF LUPUS. By Henry G. Piffard, M.D., Professor of Dermatology, University Medical College, New York; Surgeon to Charity Hospital, etc. Read before the Medical Society of the State of New York, February 4, 1879. Reprint from New York Medical Record, April 5, 1879.

Dr. Piffard concludes his interesting paper as follows:

Internal Treatment.—In my last paper I referred to the unsatisfactory results obtained from internal

treatment alone, expressing at the time but little confidence in any medication, except perhaps the use of phosphorus, at the same time cautioning against its too free or indiscriminate use. With the present series of cases I have experimented quite freely with a number of additional agents, including gold, bromide of gold, chloride of gold and sodium, arsenious acid, bromide of arsenic, phosphorus, hydrocotyle asiatica, silicic acid, silicate of calcium, and arseniate of calcium. Under the use of some of these the patient's health was benefited and the appearance of the lesions improved; but whether they contributed in any way to the prevention of relapse *in situ* I am of course unable definitely to determine.

Surgical Measures.—When excision is impracticable, scraping followed by the actual cautery is the least painful of the radical operations that have been proposed, and cicatrization is most rapid. The resulting cicatrix is smooth and less disfiguring than that which follows spontaneous involution or the potential caustics. The success of the operation will depend on the thoroughness with which it is performed. If a relapse of the lesion occurs, it may be expected within three months at the latest; and if this period passes without return of the disease *in situ*, the only fear is its development elsewhere.

It is from constitutional treatment alone that we can here expect success; and as I have seen small lesions, undoubtedly lupus in character, disappear during internal treatment, I am not without hope that much may yet be accomplished in this direction in the future.

Our own experience in the internal treatment of lupus is exceedingly satisfactory. Convinced of its scrofulous origin, we have treated it by the constructives just as we treat phthisis or other scrofulous lesion, and have thus cured multiple lupus without surgical aid.

Some cases of lupus are incurable under any treatment; and to some, because of their location or vast extent, surgery is inapplicable. As a rule, however, we may cure lupus by cauterization, if we administer at the same time oil, the hypophosphites, malt, iron, etc., and give the best sort of food—the best being that which is most fat-producing.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the NEWS is in stock. These can be obtained at the following prices: The NEWS for 1876, Vols. I and II bound together, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

Address the publishers,

JOHN P. MORTON & COMPANY,
Louisville.

Miscellany.

HOW DR. HAMMOND SPENT THE INTERIM. Dr. Hammond was "interviewed" by a New York Tribune reporter, and gave the following account of his fortunes after his dismissal:

"When I was dismissed the service," said Dr. Hammond, "I resolved to go to the biggest place in the world and live it down, and so I came immediately to New York. I made no effort to get reinstated at the time, and determined not to do so till I could achieve success in my profession, and could ask to be restored to the list without back, present, or future pay or allowance of any kind whatsoever. When I arrived here I had nothing, and was obliged to borrow money from whomsoever would loan it to me in order to support myself. There were times when I really did not know how I was to get my next meal. I supported myself as best I could. I took to writing for the newspapers. Among those that published my articles were the Nation and the Round Table, and I also contributed to other periodicals. My struggle at times was desperate. I came here in September, 1864, but did not begin to have any kind of practice until January, 1865. I then opened an office, but during the entire month I did not take in one cent. In February I received \$45, in March \$150, in April \$10, in May \$205, in June \$140, in July \$300, in August not a cent, in September \$60, in October \$275. I began to think I should never get along, and should probably not have been able to remain here if it had not been just about this time, in a fortunate moment, I was engaged to go to Europe with Eugene Langdon, the grandson of the original John Jacob Astor. My engagement was for six months. I was to receive a fee of \$10,000 for my attendance, and my expenses were all to be paid. This brought the sum total to about \$17,000 currency. I received one half, or \$8,000, in advance, the balance to be paid on my return. We left New York in November, 1865, and did not return until June, 1866, when the amount due me was paid, and this gave me a start. I resumed my practice here, but in the month of July of that year I only took in \$10. In August I received \$10, in September and October nothing, in November \$10, and in December \$10. I may say that my practice really began in 1867. During that year my receipts were \$2,225, and in 1868 they were increased to \$9,600. Since then they have

yearly increased, until in 1878 they reached upward of \$60,000.

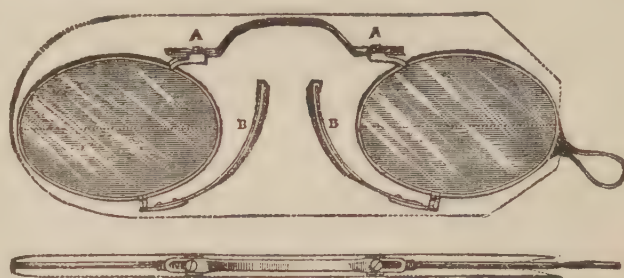
"I looked back over the last fourteen years of my life with much satisfaction when I reviewed what I had done under the heavy load of adversity and odium which I had been forced to carry. I felt that the time had now come for me to seek moral redress. Yet I was fearful that if I should make any attempt to get back on the list it would be said that my effort was simply a scheme to take money out of the Treasury. I did not want people to think or say that I was after the money. So with great care I drew up a bill which, if passed, would authorize the President to review the proceedings of the court-martial which tried me, and to annul and set aside the findings and sentence if proper so to do. Then, in order to meet any insinuations of greed upon my part, I inserted in the second section the proviso that, if reinstated, I should not be entitled to back, present, or future pay or allowances of any kind whatsoever. My pay as Surgeon-general was \$6,000; and had I insisted upon the arrears being paid, the amount for the fifteen years would be \$90,000. But I have asked nothing. While I have always felt that I have been unjustly treated, and that too through the fault of the government, I also realized the fact that while in the years immediately succeeding my dismissal I suffered greatly, I was nevertheless placed by that act in a position where I could make ten times as much as if I had remained in the service as Surgeon-general. Taking this equitable view of it, I did not ask for the money.

Mr. Conkling offered my bill in the Senate, and advocated it warmly. There was no debate, except that when the bill was presented Mr. Plumb, of Kansas, attacked me severely in a one-hour speech. It was then that Mr. Conkling said what he had to say in my behalf. Mr. Plumb immediately called for the yeas and nays. When the call of the roll was completed, it was found that fifty-five had voted in favor of the bill, and one, the solitary Plumb, against it."

AN IMPROVED EYE-GLASS FRAME.—Mr. Mandeville Thum, of this city, writes to the editor of the Medical Herald:

Before presenting to your consideration an eye-glass frame I have contrived, I will touch briefly upon the shortcomings of the eye-glass in general use. It consists of the two oval lens-frames connected by a flexible spring. There is nothing to keep the lenses

in the same plane, or, if the lenses were cylindrical or prismatic, nothing to keep their axes in a fixed relative position. Owing to these objections, while many persons wear the flexible eye-glass with great satisfaction, the oculists generally, if possible, put their patients in spectacle-frames.



The above cut represents my eye-glass frame. A rigid brace is connected with the eye-pieces by set screws, *a a*, playing in slots in each end of the brace, allowing by this construction a perfect centering of the lenses before the eyes; and, on account of the rigidity of the brace, maintaining them in the same relative position, whether seated upon the thin or thick part of the nose. The frame was especially designed for cylindrical lenses, although possessing equal advantages for spherical.

Some years ago the nature of astigmatism was explained to me by a distinguished oculist, whose patient I was at the time. He prescribed for me $+30$ cylindrical, axis 90° , and strongly advised a spectacle-frame. I then first conceived the idea of a rigid eye-glass frame; but dismissed it from my mind. Since then, during the last six years, the wearing of cylindrical lenses has become so much more common in this city, and, as I have since learned, generally, that it seemed as though there should be some substitute for the spectacle-frame, which is inconvenient to put on or take off, the bows catching in ladies' hair, and it takes time to properly adjust them. It is not secure on heads which are broad between the ears and come forward to narrow temples, unless the bows are curved to go behind the ears; and these curves, when the spectacle slips or works down on the nose, instead of pulling it back into proper position, simply pull the bridge straddling the nose into the flesh, ridging and irritating it. Any one who can not, on account of the shape of the head, wear a spectacle with straight bows to go over the ears, should depend upon the nose to keep their lenses in position, or, at any rate, never wear frames with hooks behind the ears, unless the spectacle is provided with a broad nose-bridge which will not cut.

There are other considerations which the practitioner might not consider, and which his patients would all think more or less important; but perhaps ladies would be the only ones candid enough to acknowledge it. "O, doctor, I can't wear spectacles; they make me look so old. They are not at all becoming." The stronger vessel, although he thinks about the same thing, will say, as he notes the effect of the eye-glass with a black mustache or gray beard, as the case may be, "I don't care about the looks of the thing, but an eye-glass is so much less trouble."

The eye-glass described above—"The Comfort Eye-glass," or "Thum's Patent"—is no longer an experiment, it having met with the approval and indorsement of men of prominence in the profession in New York, Philadelphia, Boston, Cleveland, Buffalo, Cincinnati, and Louisville. In presenting it I feel confident it overcomes many of the objections to spectacles and previous eye-glasses; centering and holding lenses in position, which, together with the adaptable nature of the nose-pieces, makes this eye-glass, when adjusted with reference to pupillary distance and the thickness and position of the nose on the face, a most serviceable and convenient, if not to say superior, substitute for the spectacle. The requirements of a spectacle-frame—that it shall have the correct pupillary distance, nasal curve, that it shall hold the lenses in the same plane—are all met in this eye-glass.

It is well worthy of notice that so great a master of histology as Virchow does not anticipate much aid to diagnosis or treatment from microscopic investigations of *vibrios*, *monads*, *micrococci*, *bacteria*, etc. with reference to peculiar forms of disease. He emphasizes the fact, however, that Billroth's supposed mother-plant of all these—*Coccobacteria septica*—is always present in the human body itself, notably in the intestinal canal of healthy persons; so that a primary importation, an infection, or a transference, seems hardly required; it is already at hand, and wants only favorable conditions for propagating and further growing.—*Edinburgh Medical Journal*.

"FACTS seem to point to a remarkable and apparently irreconcilable discrepancy between human pathology and experimental physiology," says Dr. David Ferrier, editor of "Brain," in his work on the Localization of Cerebral Disease.

HOW CASTOR OIL IS MADE.—Ernest P. Raab, Ph. G., in the American Journal of Pharmacy:

Castor oil is obtained in the United States by the following method, as witnessed at the Belleville Oil Works, owned by Messrs. Brosius & Son. The seeds having been thoroughly cleansed from the dust and particles of the pod, with which they are more or less contaminated, are placed in an iron reservoir and slightly heated. Great care is taken to prevent them from being scorched, the object being only to make the oil more fluid for expression. The pressing is now proceeded with by means of hydraulic presses, which are preferred on account of the great force exerted by them. Each piece has a series of movable plates and cylinders, of which each cylinder is filled, the plate pushed in, and then the power applied. The first-quality oil is thus expressed, and runs into a large tank below. The pressed seeds are now heaped into a pile and allowed to remain for a day. Next day they are again heated in another iron reservoir, put into a series of cylinders, power is applied, and the second quality or lubricating oil is obtained. Messrs. Brosius & Son use a portion of their oil-cake for fuel, and send the remainder to the East, where it is utilized in combination with other matter to produce artificial guano. A Philadelphia firm (Messrs. Baeder, Adamson & Co.) have resorted to bisulphide of carbon as a solvent from the press-cake, thereby obtaining a dark, thick liquid. The process is similar to that carried on in France with alcohol, the product, however, being a very common lubricating oil, but without smell of bisulphide of carbon. The firm does not now manufacture any more.

The oil made by the process in use at the Belleville Oil Works is called cold-pressed, to distinguish it from any of the other methods in which more heat is employed. The cold-pressed oil without doubt deserves the preference, and is now extensively used. The yield per bushel after two expressions is sixteen pounds or two gallons; the first expression yielding twelve pounds, the second four pounds. Sometimes a third expression is resorted to, but this oil is much colored and the yield so very small that it hardly pays for the labor and expense incurred. The yield is from one to three pounds.

The process of purifying and clarifying the oil is accomplished in various ways, and is the specialty of every factory. The great point in purification as well as clarification to be noticed is the fact not to expose the oil

too long to the air, as it is then liable to become rancid. The first expressed oil is clear white, or rather colorless, like water; the color of the second expression is yellowish, like syrup of squills. Castor oil is remarkable for its power of mixing in all proportions with glacial acetic acid and with absolute alcohol without the aid of any other agent. It is soluble in four parts of alcohol, 0.835 or 0.850, at 15° C., and mixes without turbidity with an equal weight of the same solvent at 25° C. Its specific gravity is 0.97 to 0.98; it congeals at -12° to -13° C., and becomes solid at -40° C.

The oil of the first expression is used for medicinal purposes; that of the second for oiling leather, lubricating machinery, burning, and various other purposes.

The oil-cake is either, by the addition of animal matter and other ingredients, made into manure, artificial guano, or is used for fuel. The latter is the customary practice in large oil-mills, where a saving of from \$40 to \$50 a week is effected thereby.

THE LOCOMOTIVE WHISTLE.—Let me plead also for the remission of the abuse of the steam-whistle at starting and at all times; any musical explosive short note is as quickly interpreted as a long scream. One of the problems of the present day is to avert noise, and screen from annoyance our auditory nerves, the most sensitive and delicately hung brace of strings; and yet even now in London, in addition to the inevitable reverberation of traffic and hum of business, the patient brain-workers have to endure the Italian organ-grinder, the muffin-bell, the mendacious shouts of newsmongers, and the live-long day- and night-penetrating shrieks of the engine host.—*Abstract of a Lecture on the Surgical Aspect of our Present Mode of Railway Traveling, by Richard Davy, M.B., F.R.C.S., Surgeon to Westminster Hospital; Edinburgh Med. Four.*

GOULARD'S CERATE.—C. Bernbeck thinks that the cerate of subacetate of lead ought either to be discarded altogether as a healing salve or at least be made extempore, because he frequently found it to contain free acetic acid when a few days old, which of course makes the cerate irritating instead of healing. The presence of acetic acid can readily be determined by the odor and by triturating five grams of the cerate in a mortar with an equal quantity of alcohol, and testing with blue litmus paper previously moistened with water.—*Pharm. Ztg.*

INARTICULATE PROFANITY.—In a Scotch police court James Williams was charged with having conducted himself in a lawless and disorderly manner, and using profane and abusive language. By signs he pleaded guilty. The procurator-fiscal stated that Williams was deaf and dumb. There is a saying that "the devil helps a dumb man to swear;" and though Williams did not actually utter the language described, his gestures and incoherent cries amounted to as much. Seventeen previous convictions having been libelled against him, he was fined £1.—*Scotsman*. [No fool-killer in Scotland, surely.]

Selections.

DOVER'S POWDER IN THE NIGHT-SWEATING OF PHTHISIS.

William Murrell, M. D., M. R. C. P., Lecturer on Practical Physiology at Westminster Hospital, Assistant Physician to Royal Hospital for Diseases of the Chest. From London Practitioner:

It is a noteworthy fact that pathological sweating may be arrested not only by drugs that exert an inhibitory action upon the sweat-centers, but also by agents that in health promote perspiration.

Dr. Leared speaks highly of the Turkish bath as a remedy for the nocturnal perspiration of phthisis. He says, "The direct action of the bath has been more strongly shown in removing night-sweats than in any other symptom."

M. Vignard, of Nantes, recommends sage tea in pathological sweatings. He records the case of a young man who for many years had suffered profusely from night-sweating. It generally began about two or three o'clock in the morning, and was so profuse that it saturated the bed-clothes, and to a considerable extent the mattress also. Sulphate of quinine was tried in vain. At length M. Vignard prescribed the following preparation: "Take of chopped sage a large pinch, of water six fluid ounces. Boil the sage a minute or two in water, let it stand to cool, then filter and sweeten to taste." The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted.

The employment of Dover's powder in the treatment of the night-sweating of phthisis is by no means new, and was, it is said, first suggested by Stokes, of Dublin. In 1861 M. Descamps published a paper giving the result of eighteen years' experience of this mode of treatment. The effect surpassed his expectation, the result being uniformly successful, and the sweating being suppressed from the first. "We possess," he says, "several records of cases of phthisis in which the perspiration was arrested up to the period of death. The powder was generally given in the dose of fifty centigrams (about seven and a half grains) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed that it prevented this symptom, but it also diminished diarrhea, allayed cough, and predisposed to sleep.

It sometimes happened that the powder was vomited. In such cases the dose was divided into two parts; one of which was given in the evening, and the other at night when the patient awoke." Dr. Handfield Jones, referring to M. Descamp's recommendation, says that he has found Dover's powder "materially to check the night-sweats of phthisis." Dr. Hayden, in a paper read before the Medical Society of the College of Physicians of Dublin, March, 1877, speaks highly of this mode of treatment. He gives five grains once or twice in the course of the night. This treatment has been recommended by Dr. Ringer, and by M. Desnos, of the Hospital St. Louis, Paris. Dr. Theophilus Thompson also mentions it in his lectures on consumption.

During the last two years I have taken notice of fifty-five cases of night-sweating of phthisis treated with Dover's powder. In only five of these cases did the drug fail to afford some relief. Of the successful cases, thirty-four were men and sixteen were women. With two exceptions they were adults in the prime of life, their ages ranging from nineteen to thirty-six. The cases under treatment represented all stages of the disease. In some there were hardly any physical signs, while in others both lungs were extensively diseased. In eighteen cases cavities were diagnosed. In fifteen cases both lungs were involved, while in the remainder only one lung was affected, or there were no physical signs. The duration and severity of the night-sweating varied much in different cases, but in all it was well marked. As a rule, the Dover's powder was given only at bedtime, but in a few cases small doses were given several times a day, though without any corresponding advantage. It was found that to do any good five or ten grains must be given, and ten grains usually acted more promptly than five. Smaller doses usually failed, while, on the other hand, there was no advantage in giving more than ten grains. Frequently, for convenience of dispensing, the Dover's powder was administered in five-grain pills, but in many cases the powder itself was used. In most cases the patients, while taking the Dover's powder, had no other medicine, except, perhaps a placebo of camphor-water or peppermint. In other instances the Dover's powder was not allowed to interfere with the general treatment, the patient taking cod-liver oil, cough-medicines, and so on. The Dover's powder acted equally well whether given alone or with other remedies. As a rule, there was an improvement upon the first or second night, but sometimes the sweating did not entirely cease for a week or more, declining gradually in severity. Sometimes the sweating returned immediately upon discontinuing the medicine, but in other cases there was no relapse for a month or longer. In no single instance was the treatment found to do harm. It often, in addition to stopping the sweating, eased the cough and insured a good night's rest.

Illustrative Cases of the Use of the Dover's Powder in Night-sweat.—The following may be taken as a fair average example of what Dover's powder can do. It is not by any means an exceptional case, and it would have been quite easy to pick out other cases in which the relief was most prompt:

R. W., a bookbinder, aged twenty-six, had suffered from a slight cough for ten months, but it was only during the last three or four weeks that he had any expectoration. He was extremely emaciated, and had lost a stone in weight in six months. He was very feeble, and had great difficulty in doing his work.

There had been no hemoptysis. He had suffered from night-sweats for about three weeks, never missing a night. He usually went to bed about ten, and awoke in the early morning covered with moisture. He was so wet sometimes that it left a mark on the sheet where he had been lying. The physical signs were: at the left apex flattening, deficient movement, increased vocal fremitus, dullness, and coarse crepitation; on the right side, impaired resonance and a little scattered crepitation. His father and a brother had died of phthisis. He was ordered ten grains of Dover's powder every night at bedtime, and a little infusion of quassia as a placebo. For two nights there was no improvement, but on the third night the sweating was much less. On the fourth and fifth nights it was very slight indeed, and upon the sixth there was none at all. The pills were then discontinued, and with the exception of one night there was no sweating for four weeks. It then returned, the patient suffered severely for three or four nights, and then recommenced taking the pills. The sweating was again checked in four nights, the pills were discontinued, and there was no further relapse during the time the patient remained under observation, a period of six weeks longer.

Even in cases rapidly progressing to a fatal termination Dover's powder will keep the perspirations in check, as shown in the following instance:

N. H., aged twenty-eight, a bright, good-looking young woman, was first seen in October, 1877. She had had a cough for above twelve months; it had of late been accompanied by a great deal of thick yellow expectoration. There had been no hemoptysis. She was very short of breath, especially on exertion. She had fallen away considerably, and was very weak indeed. She was regular, but the catamenia were scanty and often delayed. Her hair had been coming off considerably for some time. She had had night-sweating for four months, nearly every night, sufficiently severe to wet her night-gown. The temperature under the tongue (2 o'clock P. M.) was 100.8 F. A large cavity was diagnosed on the right side, and there was softening at the left apex. She had not been under medical treatment, but had been taking cod-liver oil for some months. No immediate steps were taken to stop the perspiration, but an endeavor was made to improve her general health by the administration of arsenic, hypophosphites, etc. in combination with cod-liver oil. At first there was a slight improvement; but it was only temporary, for her temperature continued high, she lost flesh, and the lung-mischief progressed rapidly. In December the sweating became much more profuse, and she was wet through night after night. She was ordered five grains of Dover's powder nightly at bedtime, and the sweating at once and completely ceased. An attempt was made to discontinue the powders, but the sweating immediately returned. She was perfectly comfortable if she had her usual dose, but if it were omitted she was drenched with perspiration. She continued taking the powders till the night of her death, which occurred in January.

Dover's Powder not always Successful.—Although Dover's powder is a very useful remedy, it is not uniformly successful. In the following case it completely failed:

J. D., a laborer, aged thirty-three, first came under observation in October, 1877. He was at that time working as a bargee on the river. He was always out in the cold and wet, and was often greatly overworked. It was not uncommon for him to work for

twenty-four hours at a stretch. His father died of consumption and his mother of dropsy. He had had a cough for two years, and it was getting worse; he was "at it night and day;" "there was no rest for him." There was not much phlegm, but what there was was "nasty thick yellow stuff," and he "had to cough a long time before he could get it up." About ten months ago he brought up blood for a fortnight, a mouthful at a time. Sometimes the phlegm is streaked with blood now. He was very short of breath, and had been for nearly a year; "his breath was the worst part of him." He had lost flesh very much; he was only a skeleton to what he used to be. Two years ago he was a fifteen-stone man; now he weighs only ten stone eleven, coat and all. The sweating at night was very bad. He had had it for ten months, almost every night that he was in bed. It began as soon as he went to lie down, and never stopped the whole night. It was all over the body, feet and head and all. It wetted his flannel and shirt right through to the bed, and you could scoop it off him. He never perspired in the daytime, but was very cold, even at his work. On physical examination a cavity was noted at the left apex, with coarse crepitation all over the lung, back and front. Upon the right side there was a little scattered crepitation. Patient was ordered a pill of five grains of Dover's powder every night at bedtime, with an ounce of infusion of quassia three times a day. He took the pills every night for six nights, but it did the sweating no good; if any thing, it was worse than before. He was then ordered a mixture of soda and calumba three times a day, with a pill containing two and a half grains of Dover's powder, to be taken every night at bedtime. The chest and back were at the same time freely painted with linimentum iodi. In a week's time he returned, and said he was better in himself, but the night-sweats were as bad as ever. He was next ordered two five-grain Dover's powder pills at bedtime for a week, but they did him no good. He said he had to struggle for his breath at night so much; and that, he thought, brought on the sweating. The Dover's powder having entirely failed, he was then ordered five grains of oxide of zinc every night at bedtime, but without the slightest benefit. The patient then ceased to attend. He frequently expressed an opinion that it was of no use trying to do any thing for the sweating, as it was always brought on by the shortness of breath. It is not improbable that he was right, and that the shortness of breath was the cause of the profuse sweating. for Luchsinger has shown that asphyxia acts on the sweat-center, increasing the secretion.

Here is another case in which the Dover's powder failed:

F. C. F., aged twenty-two, clerk in the post-office, had suffered from cough and expectoration for six weeks, or it might be a little more. There had been no hemoptysis, and not much loss of flesh. He had had perspirations at night for about a week. They came on every night, and were very severe. He was wet all over, flannels, night-shirt, sheet, and all. In the morning the water was standing on him just as if he had come out of a bath. It made him very weak, he said, and he had great difficulty in doing his work. At the right apex there was deficient movement, with dullness and coarse crepitation. Nothing wrong was detected on the left side. He was ordered a ten-grain Dover's powder every night at bedtime, with an ounce of infusion of quassia three times a day. A week later he reported that there had been no improvement

in any way, and the perspirations were as bad as ever. The Dover's powder was continued for another week, being this time given in the form of pill, but the result was the same. He next ordered a grain of Dover's powder every night at bedtime, but this too failed. He then took a grain of Dover's powder three times a day for a week, but the perspirations were worse, often continuing till nine o'clock in the morning, causing great exhaustion. He was next ordered a pill containing two and a half grains of Dover's powder, three times a day, but there was very little improvement. He then took a five-grain Dover's-powder pill three times a day for a week, and this too failed. He was again ordered ten grains of Dover's powder at bedtime, and again it failed. He then ceased to attend.

Dover's powder will sometimes succeed after oxide of zinc and other remedies have failed.

C. F., aged thirty-one, a cabinet-maker, had had a cough more or less all his life, accompanied at times by expectoration. For the last three weeks there had been a little blood in the sputa almost daily. There was great shortness of breath on exertion. During the last year he had lost flesh considerably. He had had night-sweats badly for a fortnight. On physical examination signs of softening were noticed at the right apex. He was ordered cod-liver oil and hypophosphite of lime with ten grains of oxide of zinc every night at bedtime. He felt stronger and better in every way with the exception of the perspirations, which were as bad as ever. He was then ordered five grains of Dover's powder at bedtime, and the sweating at once ceased. The powders were taken for six nights and then discontinued. A week later the perspirations returned, but were checked by the powders, after which there was no relapse.

The Dover's-powder treatment succeeds even in children. A little girl, aged ten, having a vomica at the left apex, had suffered from night-sweating for a week. She was ordered five grains of Dover's powder nightly at bedtime; the sweating at once ceased, and there was no return of it. Dover's powder also answers well in elderly people. A man, aged fifty-two, a clerk out of employment, who had been "hard up" for two years, and had been much exposed to bad weather in walking about the streets looking for employment, was considerably benefited. He had softening at the right apex and had suffered severely from night-sweating.

Dover's powder is useful in some forms of sweating not due to phthisis.

C. B., aged nineteen, a porter in a hotel, had suffered from night-sweating every night for a fortnight. It usually commenced two hours after going to bed, and continued all night. It was most profuse, and wetted the night-gown and sheets; the night-gown was so wet that it had to be hung out to dry in the morning. He had never "picked up" since he had "low fever" some fourteen weeks before. He had no cough and no expectoration, and there had been no hemoptysis. He complained of occasional pains in his joints, chiefly in the knees and shoulders. No abnormal signs were detected in the chest. He was ordered ten grains of Dover's powder every night at bedtime. The first night the perspiration was less, although still enough to wet his night-gown; the second night there was still further improvement; and on the third night there was no sweating at all. The powders were then discontinued, and although the patient was under observation for some weeks longer there was no return of the perspirations.

It is often very difficult to make an estimate of the relative value of different modes of treatment in any disease; but I have no doubt that for the night-sweating of phthisis Dover's powder, although it may be inferior to atropia, is far more reliable than oxide of zinc.

The Uses of the Hot-water Douche in Parturition.—Dr. Albert H. Smith, in a paper read before the Philadelphia County Medical Society (Phila. Med. Times), claims as facts proved by experience that the hot-water douche (110° to 115°) thrown upon the cervix uteri or the rim of the undilated os will stimulate contraction of the longitudinal and oblique muscular fibers of the uterus into an expulsive effort, while the circular fibers surrounding the os relax under its influence; second, that a similar douche thrown into the cavity of the relaxed and bleeding uterus after the expulsion of the fetus or the placenta will produce prompt and vigorous condensation of the uterine walls, with an immediate closure of the sinuses; and third, that a like application to a bleeding surface from laceration in the passage of the child through the pelvic canal will arrest the hemorrhage at any point, whether it be from a tear of the circular artery in the cervix, or from rupture of the vascular tissues upon the anterior margin of the vulva about the vestibule, or from the furrows upon the posterior wall and the labia.

Dr. Smith has found the application to the cervix of the hot douche thoroughly and rapidly effectual in the first stage of normal labor at full time, almost equally rapid in a rigid condition in an accidental premature labor, and more slowly, though with ultimate effect, in the induction of labor in a quiescent uterus. The method of application is simple. The patient should lie upon her back with a bed-pan placed far under her sacrum, so that there should be no danger of the water getting upon her clothing. The injection should be thrown into the vagina with a syringe with a rubber tube and metal nozzle with a large hole in the end; and Dr. Smith prefers the Davidson bulb-syringe, as the stream can be driven with more force, and with the intermittent action necessary with that instrument. A quart to three pints of water medicated with two drams of ninety-per-cent solution of carbolic acid, or a half ounce of Labarraque's solution should be thrown into the vagina, the pipe being directed *against* the cervix, not into it. The douche may be repeated every hour or two, according to the demands of the case or the violence of its results.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition Dr. Smith is inclined to think we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted.

The nozzle should be carried on the index finger into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened; the nozzle is to be carried to the os uteri and directed into the orifice. If the coagula in the uterus are loose and not abundant the force of the stream may be sufficient without carrying the finger into the

uterine cavity; but if the hemorrhage has been great, and the uterus largely distended, it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it with the aid of the stream detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centers of coagulation. While this is going on, the hand upon the uterine tumor feels it steadily and generally instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucher or of an assistant until all probability of secondary relaxation is over.

Finding the use of the douche so successful in controlling hemorrhage, it has naturally followed to adopt it as a preventive, and for nearly two years past Dr. Smith has been resorting to its use habitually (or at least whenever at all easily practicable) in every case of labor. The apparatus is made ready during the latter stages of labor, and so soon as the placenta is delivered the douche is administered precisely as just directed for the relief of hemorrhage, except that it will be rarely necessary to carry the finger and the pipe farther than the os uteri (the *internal* os, the external os, and cervical cavity being expanded at this stage). The vagina is thus cleansed and disinfected by the water—medicated as before—the clots are washed from the lower segment of the uterus, and the organ stimulated to contract, which it does firmly, rarely showing a disposition to relax, and often remaining low down in the pelvic cavity below the brim for twenty-four hours; and in no case so far, where satisfactorily done, has any flooding occurred after it. After-pains are diminished greatly, and the lochia but slightly abundant.

As to any danger from the absorption of the carbolized solution, it seems almost impossible, where the outlet of the uterus is so patulous as it is after labor, that any fluid could be retained in its cavity long enough to be absorbed; but the recent statements of so reliable an authority as Fritsch that serious consequences have followed its use in some cases would make it desirable that every precaution should be taken against such retention.—*Hosp. Gaz.*

Antipyretic Effects of Cold Enemata.—In the *St. Petersburg Med. Woch.* of June 14th M. Lapin, one of the *internes* of Prof. Manassein's clinic, gives an account of the trials that have been made there of cold clysters as an antipyretic means. After noticing the few observations upon the subject which have already been recorded, he gives an account of the fifty observations which he has made in Prof. Manassein's wards. Of these he has published a detailed account in a Russian journal, confining himself in the present communication to a general statement of the results.

Prior to the administration of the clyster the temperature of the patient was taken while lying on his back, in the axilla, the hypogastric region, and the rectum. The temperature of the liter of water employed varied from 5° C. to 10° C. (41° F. to 50° F.), and Hegar's apparatus at a pressure of two feet was used for the administration. After the water had been discharged the temperature was again taken in the same localities. Of the fifty trials twenty-six

were made upon fever patients, twelve on patients with non-febrile diseases, and twelve on persons in health. From these trials the following conclusions are drawn:

1. Cold clysters form a practical means of reducing temperature, the influence of which continues for a considerable time. After clysters at 10° C. the temperature scarcely reaches its former height in the axilla for from thirty to forty minutes, in the hypogastrium after an hour, and in the rectum after an hour and a half. With clysters at 5° C. the cooling in the axilla lasts for forty or fifty minutes, but in the hypogastrium and the rectum it lasts a much longer time than when water at 10° C. is used; so that the prior high temperature has never been observed to be regained until from two to two and a half hours after.

2. The clysters at 10° C. are well borne in all cases without exception, sometimes leaving behind them a pleasant sense of coolness extending over the whole body. Those at 5° C. are by some just as well borne, but in others they induce unpleasant sensations in the abdomen. In recurrent fever even shivering may be produced.

3. The depression of temperature is more considerable in cases of fever than in non-febrile affections, and in the healthy. (In the fever patients the fall of temperature varied from 0.60° to 0.40° in the axilla, from 1.50° in the hypogastrium, and from 5° to 1.70° in the rectum. In non-febrile cases it varied from 0.40° to 0.30° in the axilla, from 1.40° to 1.10° in the hypogastrium, and from 1.60° to 1.30° in the rectum. In healthy persons it varied from 0.60° to 0.30° in the axilla, from 1.30° in the hypogastrium, and from 2.60 to 1.40 in the rectum.)

4. Not only is the temperature diminished, but also the number of the pulse and respiration to a small extent.

5. The greatest diminution of temperature takes place in the rectum, next in the hypogastrium, and least in the axilla.

6. An advantage of the cold clysters as an adjunct of other energetic antipyretic means consists in their fulfilling other indications besides the depression of temperature: (a) They remove the accumulation of masses of feces, which so frequently occurs in fevers. (b) They diminish meteorism by contributing to the removal of gases; (c) In this way they render possible greater freedom in the movements of the diaphragm, and remove a source of self-poisoning of the economy by means of the gases; (d) To a certain extent they diminish the afflux of blood to the organs in the vicinity of the rectum, especially the uterus and bladder.

7. Stools follow the use of the clysters at different times in different individuals, varying from a quarter of a minute to two minutes and a half.

8. There can be no doubt that when a clyster is also indicated in non-febrile cases the cold clyster should be preferred to the warm in all those cases in which, besides the emptying of the intestine, it is desired to produce a tonic effect on the canal or to diminish the amount of blood in the pelvic organs.—*Medical Times and Gazette.*

Blistering as a Remedy.—Dr. H. S. Anderson, in his recent Harveian Discourse, published in the Edinburgh Medical Journal, speaks as follows of the uses of blistering: "Another remedy, which I fear is somewhat unduly neglected also, is counter-irritation by means of blistering; and I think I have observed

in some young practitioners an approach to something like terror when blistering is spoken of as a remedy that may frequently be used. Certainly, as regards children's diseases, there is more of this fear than there should be. It has frequently, for example, been my experience to see children, in consultation with a younger practitioner, when blistering in acute head-affections had never been dreamed of. In nearly all acute inflammatory affections of the brain, tubercular or not, in children, I am strongly of opinion that after shaving the head the application of blistering fluid has a rapid and satisfactory effect. Inflammatory attacks also of the peritoneum and chest in children are often controlled by blistering, although the size of the vesicatory and the length of time applied must be carefully considered; and in the rheumatic affections of the joints in adults repeated blistering has often the happiest results. For many chronic conditions also counter-irritation has always held a high place in my list of remedies. In chronic tubercular affections of both chest and abdomen I think occasional and repeated blistering is frequently beneficial, and also in chronic and obscure head and other affections of the nervous system. For example, a blister over the roots of the nerves in herpes zoster often relieves the neuralgic pain so generally present and often so difficult to get rid of. In diphtheritic paralysis, also, blistering the nape of the neck, and even down the spine, often expedites cure in a wonderful way. In the uterine or ovarian pain so often complained of in the left side there is no better remedy sometimes than a succession of fly-blisters, and the tenderness of spinal irritation is frequently relieved, if not got rid of, by the same means. In chronic effusions the use of blisters is still fully acknowledged, and do not therefore call for special mention."

Spurious Hydrophobia in the Lower Animals.—W. Lauder Lindsay, M.D. (Edinburgh Med. Jour.) concludes that:

1. All reputedly "mad" dogs, cats, or other animals are not necessarily rabietic.

2. All bites, even of rabietic dogs, are not necessarily productive of hydrophobia in man.

3. The propensity, natural or morbid, to bite is developed in a number of other conditions than rabies, with which conditions rabies is apt to be confounded. These diseases or conditions apt to be mistaken for rabies include: (a) Mere transient anger, which, however, by virtue of its intensity or duration may pass into (b) fury or ferocity, becoming uncontrollable, and thence into (c) acute ephemeral mania; (d) the delirium or mania arising from removable or non-removable mechanical irritation; (e) the delirium of typhus, phrenitis, distemper, or other febrile disorders; (f) epilepsy, or other convulsive disorders; (g) repletion with food; (h) artificial life, involving as it does deficient exercise, improper food, and non-gratification of certain instincts; (i) sexual excitement; (j) solar exposure.

4. The bite of a non-rabietic animal may and frequently does produce in man dangerous or fatal disorders, though these do not necessarily take the form of hydrophobia.

5. Summary destruction of a merely suspected, or even of a rabietic, animal is from all points of view an egregious blunder.

6. Muzzling and certain other forms of repressive treatment are apt to produce the very disease they are intended to prevent.

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"NEC TENUI PENNA."

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE COLOR-LINE IN MEDICINE.

AMONG the scores of medical school catalogues which load the mails, there is one, at least, which is unique. Time was—and that not long ago—when a woman's school would catch the eye as something clearly out of the ordinary run, but that peculiarity has been swept away. In spite of the unchivalric attitude of the American Association against the feminine doctors, they continue to knock at the door and to educate their applicants in the best-appointed medical schools of their own; and, turning from good to bad, we see the homeopathic, eclectic, vito-therapic, and what not idiotic knaveries or knavish idiocies have their representative educational establishments in many sections. There is only one place, however, where the colored man and the brother has his particular medical school, and that happens where of all places it was most likely to happen, at Nashville, home of the Medical University, birth-place of journals thereto.

The Fourth Annual Announcement of the MeHarry Medical College—of course a department of a college, the Central Tennessee—is before us. The school is intended for the education of colored physicians; and if there is any faith to be put in circulars it is intended for their very good education. The standard named is quite up to that of most of the colleges in the country. Three years' study is required, and the course is graded. Recitations and monthly written examinations form prominent features. Examination for the degree also is conducted in writing.

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The circular says: "There is no reason why the colored physician should not be as thoroughly educated as any other. There are special reasons why he should be most thoroughly equipped for his work. The ignorance, the irregular habits of life, and the great mortality among the colored people in many parts of the South, render it absolutely necessary that those whose work is especially among this class should be thoroughly prepared to grapple with the different problems which present themselves in this field of practice."

There is not a more modest announcement—or perhaps one so modest—published in the range of medical school literature; and apparently the liberality of the "Rev. Samuel MeHarry and his brother," which founded the college, was most worthily bestowed. We shall wish the institution every success, and shall always be glad to see measures for the betterment of the colored race instituted on southern soil, where they are not only most likely to be instituted, but where they are most apt to succeed. There is a decided call for colored physicians, to take charge of their own race, and to the good of all parties concerned. Taken all in all, the negro is not an indifferent judge of merit, and the medical skill procured by the education of the MeHarry College will no doubt find in due time a proper market.

The graduates of the institution are said to have been particularly successful so far, not in the boasting spirit which a white institution not far away is wont to publish in immodest announcements, but in answer to the natural question, Can the colored doctor get a practice?

Correspondence.

LONDON LETTER.

FROM OUR OWN CORRESPONDENT.

Doctors' Holidays—Sir Henry Thomson, Artist and Surgeon—The Congress Season—Doctors of all Nations at Amsterdam—Professor Donders on Claude Bernard and the Progress of Physiology—French Appreciation of Foreign Work—Professor Lister's Oration—Tableaux Vivants—Dr. Sayre—The American Banquet—Some new Instruments of Clinical Research.

To the Editors of the Louisville Medical News:

The autumn vacation closes to-day, and to-morrow the medical schools reopen. The medical men of London have every year longer holidays and are approaching more nearly now to the freedom of vacation movement of which your leading men have long set an example. Thus Sir Henry Thomson allows himself, as a rule, three months' holiday, and spends it traveling through Europe studying art in the most famous picture-galleries. Sir Henry Thomson is as distinguished an amateur in old painting as he is a professional in surgery. He has long been an annual exhibitor at the Royal Academy, and more than once his pictures have been exhibited at the French Salon. He travels chiefly with his elder daughter, who is also an accomplished artist, and has been trained by him to the same thorough kind of work which has made his success in life. Thus during the last four years they have not only visited every famous picture-gallery in Europe, including the great collections of St. Petersburg, Rome, Florence, Amsterdam, Paris, and all the best-known private collections in the most distant corners, but have studied them together with so much diligence and method that Miss Thomson has published, as the fruit of their vacation rambles, a catalogue of all the best works of the great painters in all the galleries of Europe, with careful indications of any existing doubts as to their authenticity or the correctness of their attribution, and this very handy and well-compiled manual has been received with so much favor by the highest authorities that the director of our great national collection keeps always a copy on his desk for reference, and the first edition has been rapidly exhausted.

This year I met Sir Henry Thomson in Paris, and found that he had established himself there for a couple of months, had taken an atelier in the Avenue de Villiers, and he and his daughter were hard at work from ten o'clock in the morning till five in

the afternoon painting under the advice of a Parisian artist of repute. This is a good specimen of a doctor's holiday, and illustrates very well the dictum which is known to many of us to have a solid foundation in fact, that a holiday does not necessarily mean idleness, but a complete change of scene and variation of work. To a busy man idleness is any thing but a pleasant relaxation, and the tedium and *ennui* of enforced idleness takes away a good deal from the pleasure of many a holiday which a hard-worked professional man takes without having had the ingenuity, or the culture to discover for himself a literary or artistic amusement which may vary his pursuits and fill in his idle time. It is probably the unconscious sense of desiring to find some occupation even during the holiday which gives so much popularity to the numerous congresses which now take place in Europe during the autumn vacation.

We have had during August and September first of all the congress of the British Medical Association at Cork, which always takes the lead, in time at least, and begins on the first Monday in August; that is to say, immediately after the close of the summer session. This was closely followed by the congress of the French Association for the Advancement of Science, at Montpellier, to which a considerable number of French medical men resorted, but which has not as yet attracted many foreigners. The fact is that the French people have not yet learned to practice any very extended or graceful hospitality, and the experience of French congresses which foreigners have had has not been such as to tempt any to repeat their experiences. Nothing could be more inhospitable or worse managed than were the congresses of last year in Paris, where the guests were wholly neglected, private hospitality appeared not only to be unknown, but not to have suggested itself as a factor in such meetings, and the honors and pleasures of the reunion, even in its official aspects, were almost exclusively confined to the natives of the country. The reports of the medical section at Montpellier do not indicate any scientific work of importance, and even the French papers give little prominence to it.

The International Medical Congress at Amsterdam was a very different affair and had a brilliant success. The Dutch are proverbially hospitable and sincere, and on this occasion they were presided over by an eminent man who happily combines the highest scientific capacity and reputation with courtly polish, admirable tact, and great distinc-

tion of manner. He is, besides, an accomplished orator. Prof. Donders therefore was the *beau ideal* of a president; and in Dr. Guye, of Amsterdam, the Congress found a secretary who understood so well the duties of organization that it is a pity his services could not be continued in a more permanent manner. This was confessedly the most successful of the seven international congresses which have now been held. It was very largely attended by foreigners from all parts of the world. The American visitors were not very numerous, but they thoroughly upheld the reputation of American surgery, both for practical progress and for independence of thought and picturesque power of expression. Dr. Sayre, of New York, and Dr. Philip Turnbull, of Philadelphia, were the most active representatives of America. The congress opened by a brilliant address in French from Prof. Donders. He forgot for the moment the special researches in optics by which he immortalized his name in laying the foundations of our knowledge of optical measurements and the treatment of optical defects of vision with a view to disorders of the *transpara media* or of disease or imperfect action of the external muscles of the eye, and taking his stand upon the firm base of physiology, of which he is the greatest continental teacher, he surveyed the whole region of medical science in one of the most remarkable addresses which has for many years been given to a medical audience. I shall not here transcribe it, for you will easily find it entire in one or other of the London medical journals or any of the French medical journals. But I may say that, without saying aught to hurt the susceptibilities of any of his daughters, he managed to give the just place to each nation in the progress of medical science, and thus assigned to Germany and Holland the merited distinction which belongs to the countrymen of Mulder, Mohl, Schwann, Schleiden, and Virchow in laying the foundations of the new physiology of our age, and to the countrymen of Oken, Owen, Huxley, and Darwin their part in the creation of new theories of morphology. He even went so far as to intimate that the countrymen of Claude Bernard would have been less disposed to attribute to the venerated teacher the foundation of general physiology if the science had been received more freely in France, and if they had been able to do justice to the labors of Henle, Moleschott, Mulder, and Robert Mayer, who had already in northern countries tolled the knell

of the old theories of vital force, and proclaimed the law of conservation of forces, and laid the foundations of general physiology. Nevertheless, so eloquent, so clear the reasoning, and so courteous the form in which this blow at a favorite idol of France was dealt that French critics found nothing to complain of; and one gentleman, writing home to a great French journal, in which I subsequently read the report, announced that Prof. Donders had paid striking homage to the illustrious Frenchman who had founded modern physiology. The accuracy of this statement is less remarkable than the ingenuity with which it does homage to the French determination not only themselves to proclaim French science the head of the universe, but even to wrest that view from the most distinctly contrary declarations of competent critics.

In the evening the burgomaster gave a public reception at the historic Hotel de Ville, and here Dr. Sayre aroused great enthusiasm by the few words in which, when called upon by Prof. Donders, he replied in the name of America to the welcome addressed to the congress by the civic authorities. He recalled the fact that New York was once called New Amsterdam. "We come, therefore," he said, "to our mother, and we recognize that to the solidity of character, the perseverance, the culture, and the honor inherent in the highest types of Dutch character the new Amsterdam, now New York, owes an imperishable debt of gratitude to the old Amsterdam which now welcomes representatives of America to this congress." These words were received with universal approbation, and the Dutch papers of the next day reproduced them in English as well as in Dutch, fearing, as the editor of the *Handelsblood* said, to take from them any of the felicitous charm which had produced so great an effect.

Subsequently in the section of surgery Dr. Sayre was asked to demonstrate his method of treatment of spinal curvature and Pott's disease by suspension and the plaster jacket. The two cases brought in afforded very favorable subjects for the demonstration; and in both cases, after the orthopedic instruments which they were wearing—one of which was that of Taylor, of New York—were removed and suspension employed and the jacket applied, not only was there a palpable increase in height and considerable rectification of the deviation of the spine, but the patients professed great relief and comfort, and moved about with so much

more ease and pleasure that this palpable demonstration of the advantages of the method which Dr. Sayre illustrated with so much force and dramatic power elicited great and universal applause.

The most brilliant of the successes of the general meetings was the address of Prof. Lister. Mr. Lister was received with an enthusiasm which is perhaps unprecedented in any great assemblage of "grave and reverend signors." The announcement that he was to give an address at the general meeting had collected the largest audience which was seen throughout the congress, upward of six hundred members being assembled. His appearance at the desk was the signal for an exhibition of enthusiastic admiration such as perhaps no other surgeon has ever had the intense gratification of receiving at the hands of such an assembly of members of his own profession. The whole of the assembly, including a large proportion of gray-headed men famous in their own countries, and themselves often recipients of well-deserved applause, rose to their feet, waved their hats and handkerchiefs in the air, and for several minutes the proceedings were interrupted by long-continued and enthusiastic shouts of "Lister," with *vivats* and expressions of applause couched in all languages, uttered with polyglot variety and in the manner belonging to each of the different nations. Mr. Lister's speech was in fact a victorious reply to the objections addressed to his method by Mr. Savory at the congress of the British Medical Association. He delivered his address in French and almost extemporaneously without notes. I expect, however, to be able to forward you a copy of the manuscript which he will draw up for insertion in the transactions of the congress, and you will be able to publish it before it has reached any other periodical in your country. You will find it the most interesting document which has appeared for some time on this subject. Its conclusion was received with the same applause as before, and the meeting at once broke up.

There was one rather amusing incident which has not attracted much attention, and which is not without its significance. Mr. Lister is well known as a very hot opponent of the admission of women to the practice of medicine, and has invariably declined to take part in any proceedings to which they were admitted. On this occasion several ladies—M. D.'s of various universities—were present, and their presence by no means appeared to disconcert him, since he explained

with a good deal of minuteness the proceedings by which he was enabled to demonstrate that animal fluids preserved from contact with atmospheric germs remain unaltered, without any commencement of the putrefactive process. One of these illustrations was by carefully cleansing the *glans penis* with a solution of carbolic acid, and using it as a sort of stopper to a narrow-mouthed glass vessel rendered antiseptic by heat and other precautions, and causing the urine to be passed in this way directly into the antiseptic glass bulb, which was at once stoppered with a thick layer of cotton wool. Under these conditions he said the urine would remain for an indefinite length of time free from putrefactive process.

A great deal was expected at the congress from Prof. Virchow's address on Medical Education, which formed the principal attraction of the last general meeting. This, however, hung fire, or rather the speech was delivered with so little animation and was protracted to so great a length that although the profound respect entertained by the audience for the illustrious professor kept them in their places, it was very evident it was not without considerable effort that they submitted to an ordeal which to most of them was confessedly wearisome. Subsequently, however, Prof. Virchow redeemed his reputation as an orator of great fire and as a thinker of great elevation by a magnificent address which he extemporized to the students of Amsterdam on the occasion of their torchlight procession and welcome to the Association at its final banquet. This was a splendid effort of oratory, heart-stirring, full of noble enthusiasm, and constituted perhaps the most interesting feature of the meeting.

I ought not to forget to mention among the interesting personal incidents of the Congress the banquet which Dr. Sayre gave as American delegate to fifty of the leading personages of the Congress. It was attended by Lister, Morey, Ernest Hart, Palascino, of Naples, Becher, of Idelburgh; in fact, by the accepted representatives of all the different nationalities, and passed off with the greatest eclat. The American consul was on the right of the giver of the feast, and on his left the echevin of the city of Amsterdam. The speeches were warm and eloquent, and the dinner was first-rate, and left a very agreeable impression of American courtesy and hospitality on the minds of the guests. An opportunity was taken at this banquet by Dr. Warlomont, of Brussels, of doing jus-

tice to the untiring energy and really admirable devotion with which Dr. Seguin, of New York, has year after year and at each successive Congress brought under the notice of the assembled delegates of Europe the desirability of uniformity in weights, measures, forms of prescription, thermometrics, scales, and other medical records. The efforts of Dr. Seguin (said Dr. Warlomont) had not always met with the recognition which they deserved, and the success with which, in his opinion, they were destined to be crowned had been too long delayed. This warm tribute to the character and labors of a most estimable man produced a happy effect, and drew from Dr. Seguin some heartfelt words, in which he expressed his thanks and once more renewed his advocacy. Subsequently at the general meeting Dr. Seguin read a paper stating the progress made in the United States, and asking for the formation of an international commission for the purpose of obtaining uniformity in medical records. The proposition was well received by the meeting, and a committee was formed including Prof. Donders and Dr. Guye, of Amsterdam; Prof. Morey and Dr. de Chamber, of Paris; Dr. Warlomont and Dr. Gille, of Belgium; Dr. Palascino, of Florence; Dr. Seguin and Dr. Sayre, of New York; and Mr. Ernest Hart, of London.

I shall not attempt to discuss the scientific work of the sections, as you will find them recorded in many of the European journals which will reach you by this post, and especially the British Medical Journal, which devotes twenty pages to the report. I would, however, note that among the most interesting of the novelties submitted were the dermetaphone and telephone of Dr. Hueter, of Greifswald, with which a most interesting demonstration was made of the facilities which these instruments afford of demonstrating the presence of deep abscesses in the bone and of examining local vascular tumors in the depths of the tissues, of which the diagnosis might otherwise be doubtful. The claims which Dr. Hueter has made in these respects, with those remarkable instances, have often been doubted. After practically testing them and seeing them used, little doubt can be entertained that they are a most valuable addition to the means of diagnosis.

Another very interesting set of instruments demonstrated in this section were the electrical polyscopes of Mr. Trouvé, of Paris, by which it is perfectly possible to illuminate the bladder or the stomach, and to see into them with great facility and completeness.

These achievements are not likely to be called very often into requisition, and are perhaps, therefore, less practical than the facility which this instrument affords of illuminating the posterior nares from behind by the electric light so completely as to make very easy the diagnosis of any of the affections of the posterior nares, which at present are often obscure and difficult of precise diagnosis and treatment.

Prof. Donders also made a valuable communication in the ophthalmic section, giving precise rules and formulæ for the investigation of color-blindness, and the application of recent knowledge to the railway and marine services; and Dr. Bouchut, of Paris, created much interest by exhibiting in the medical section a new vegetable pepsine obtained by himself and Prof. Wurtz, the eminent chemist of Paris, from the papaya of Java and South America. This new substance, which he has christened *papayine*, possesses all the digestive properties of animal pepsine, making very short work of a piece of beefsteak. The power which the papaya plant has of making meat tender has long been utilized by the inhabitants of Java, and in Neale's Medical Digest and in some recent numbers of the London medical journals many references have been made to this power as being likely to be of medical use. To Dr. Bouchut belongs, however, the credit of furnishing us with precise knowledge on the subject and of extracting the active principle.

I fear that my notes on this Congress have run to so great a length that I must defer till my next letter notice of some other matters and some account of the doings of the medical world here during the vacation and after the opening of the schools to-morrow.

The next meeting of the International Congress is intended to be held in Great Britain. The locality, however, is not yet settled, as none of the British delegates present at the meeting were prepared to take the responsibility of fixing a place and tendering an invitation to the Congress. The general success of the meeting has, however, produced a great impression both in England and in France; and there can be no doubt, in England especially, that the remarkable reception accorded to Prof. Lister, contrasting as it does very strongly with the relative coldness with which there was a disposition to treat him by many of his surgical colleagues in London will have a lasting influence upon the London school, which will feel compelled to give more marked atten-

tion to the teachings and example of Lister, now that so striking a testimony has been afforded by the assembled surgeons of Europe of the high estimation in which his achievements are held by them, and the extent to which he has raised throughout the world the reputation of British surgery. Already the generous reception accorded to Mr. Lister in America had done much to open the eyes of the metropolitan surgeons to the wave of progress set in motion by his teaching, and the seal has been set upon this cosmopolitan verdict by the assembled surgeons of Europe at Amsterdam.

LONDON, Sept. 30, 1879.

Reviews.

A Treatise on Hygiene and Public Health. Edited by ALBERT H. BUCK, M. D., American Editor of Ziemssen's Cyclopedia of Practical Medicine; Instructor in Otology in the College of Physicians and Surgeons, New York, etc. Two volumes. New York: William Wood & Co. 1879.

It is a sign of the times that a practical publishing-house should think it a paying enterprise to issue two huge volumes on the subject of hygiene. It needs no prophetic gift to forecast the future of preventive medicine when "practical" men have reason to expect a return for so much outlay. It is a rare sight in this part of the world to see a treatise on Public Hygiene in the physician's library, but the favor with which the colossal work of Ziemssen was received is ground for hope that inquiry for more light in the cure will turn the reader's mind toward the recorded gains made by research into the prevention of disease.

Twenty odd volumes on Practical Medicine contain but little specific knowledge to enable us to lengthen life by remedying disease. It is not claiming too much to say that the information concerning the prevention of premature death contained in these two would, if put to every-day use, have as marked an influence on the bills of mortality as the knowledge gained from that twenty. Every one who felt able to subscribe to Ziemssen's Cyclopedia misses his best chance for a good bargain if he fails to get and study these volumes on hygiene which are intended to complete the series. Besides all that is really known on the subject, there is much judicious speculation, much that is intended to direct research in the path that promises to conduct to extension of knowledge.

The germ-theory of disease is recognized as a good working hypothesis by all the contributors, though Dr. Billings is disposed to consider it something more. General enthusiasm upon the subject of prevention of disease is of such recent origin that the different fields of study embraced in it have yielded as yet very imperfect harvests. Much is expected where the laborers are now so many and the ground so earnestly cultivated. The uncertainty of a science passing through this transitional period tends to discourage one who wishes to put its precepts into practice. By the time he has accomplished what seems the best, he may learn that it is only good; something better has already come to light; indeed he may be told with authority that his best is shown at last to be unadvisable. Great cities erect at enormous cost waterworks getting their supply from a running stream pronounced a pure source according to the dictum, "If sewage matter be mixed with twenty times its bulk of ordinary water and flow a dozen miles there is not a particle of that sewage to be discovered by chemical means." Dr. Nichols now informs us that "the Rivers Commission of England have shown that not only is a flow of twelve miles insufficient to destroy the organic matter of sewage when mixed with water in the above proportion of one to twenty, but also a flow of one hundred and sixty miles is far from sufficing for that purpose."

Experts who previous to the publication of these English reports relied on the principles of water-analysis as set down by Parkes, Wauklyn, Fox, and others, and asserted from experimental data that a given supply of river-water was pure, will be disposed in fairness to amend their opinions when they read Dr. Nichols's clear and convincing article ending in this conclusion: "It is certain that we can not decide with confidence as to when a stream once polluted becomes fit to drink. Moreover, as it is not possible by any practicable chemical treatment, or by any process of filtration, to make a polluted water wholesome, it is safer not to use as a source of domestic supply a water which is known to have been seriously polluted." The central idea of his elaborate review of the subject is that care concerning the material allowed to flow into rivers and other surface waters is the best and only sure safeguard. Unless one joins the ranks of those who deny that there is, as a rule, any direct connection between disease and drinking-water, except it be through the influence of

the disgust which a bad-smelling or filthy-looking water inspires, he must entertain toward all streams which receive the sewage of cities a suspicion which requires that a chemist's assertion of their purity should be based on a standard far to the safe side of that hitherto employed.

No sanitarian can afford to pass by this valuable heap of facts expecting as rich a store elsewhere. While the instance given above shows that sanitary science is not free from an unsettling character inherent in all growing sciences, it illustrates the broad and fresh way in which the open questions are generally treated.

It is not only the most thorough hygienic treatise extant, but is "foremost in the files of time."

Each division is intrusted to a writer of high standing in that department, who, if he culls fairly the copious bibliography appended to his article, must give us plenty fruit of the rarest and latest growth.

While this coöperative method of book-making has many advantages, it has drawbacks as well. It is difficult to avoid repetition or prevent that undue elaboration of a favorite idea to which specialists are peculiarly liable.

Beside the thanks which Dr. Buck deserves from us all, we have one suggestion to offer: An American work on practical hygiene is in demand by many that are non-medical. Statesmen, engineers, architects, municipal officers, indeed all intelligent persons, want some such work. If Dr. Buck, as editor, will cancel all needless repetition, omit speculations concerning ultimate causes however interesting to doctors, give succinctly direct statements of the conditions known to be essential to the production of disease, with other proper matter, he can issue an abridged edition such as will better meet the general demand for something new, practical, and compact, embodying the knowledge which it is important for every one to have.

Remarks on Ovariectomy, with the Relation of Cases and Peculiarities in Treatment. By NATHAN BOZEMAN, M. D., New York, Surgeon to the Woman's Hospital of the State of New York, etc. New York: Wm. Wood & Co. 1879.

Dr. Bozeman's universal reputation as a gynecologist entitles all he writes to a careful perusal. These Remarks on Ovariectomy, although not claimed as presenting any thing especially new, offer some exceedingly practical lessons as regards the comparative ben-

efits of cold-water douching for combating peritonitis and fever after ovariectomy, and the "preparatory treatment," which consists of the usual careful hygienic regulations and administration of tonics for some weeks before the operation, and large doses of quinia the night before and the following morning. He then gives a brief history of eight ovariectomies, the last ending fatally (cancer). These, with one successful case reported before, make the death-rate 11.11 per cent. Dr. B., in his concluding remarks, very naively says, "I know of no operator in this country who has cured *eight* out of *nine* of his first cases, the entire mortality being due to cancer; nor do I believe Europe affords another example of an operator having secured in his *first* cases eight consecutive successes—one hundred per cent."

The operations were all done under the carbolic-acid spray, and no doubt neatly and gracefully performed, as Dr. Bozeman performs all of his operations.

The Mechanism of Retroversion and Prolapsus of the Uterus considered in relation to the simple Lacerations of the Cervix Uteri and their Treatment by Bloody Operations. By NATHAN BOZEMAN, M. D., New York. Reprint from Vol. III, Gynecological Transactions.

This formidable title is no less formidable than the terrible "may be summarized in the following nine propositions: first," etc., which begins on the first page and ends on the third; or "the different stages may be designated as follows: (1) the determining force, (2) the supplementing force, (3) the extruding force," and a mass of this class of reasoning; so that, take it all in all, we are under the impression that but few readers get further than the fourth page (there are only eighteen). The kernel of the nut is on page 16—a new vesico-vaginal uterine pessary, called by *Dr. B.* simply a "vaginal support." It is undoubtedly an original pessary, but it can not be described faithfully without a drawing thereof. We can not comprehend why the *Dr.* should put this bright new light under a bushel of dry pages. Why not put it on the handle? But, despite the fault of the pages, the "vaginal support" seems to answer the general and long-continued demand for a pessary that will support not only the uterus, but as well the columns upon which it rests. If the "vaginal support" is what is claimed for it by *Dr. B.* it will no doubt soon be in every physician's hands.

Books and Pamphlets.

PROCEEDINGS OF THE ALUMNI ASSOCIATION OF RUSH MEDICAL COLLEGE, CHICAGO, 1879.

TRACHEOTOMY WITH THE GALVANO-CAUTERY. By Wm. A. Byrd, M. D., St. Louis. Reprint from St. Louis Clinical Record. 1879.

THE SANITARY PROBLEMS OF CHICAGO, PAST AND PRESENT. By J. H. Rauch, M. D., Chicago. Reprint from the Transactions of the American Public Health Association, Vol. IV.

ON THE CONNECTION OF THE HEPATIC FUNCTIONS WITH UTERINE HYPEREMIAS, CONGESTIONS, FLUXIONS, AND INFLAMMATIONS. With Appendix. By L. F. Warner, M. D., Boston, Mass., Vice-president of the Gynecological Society of Boston, Physician to St. Elizabeth's Hospital for Women, etc., etc. Reprint from Transactions of the American Medical Association, 1878.

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Miscellany.

THE SUSPENSION-TREATMENT OF SPINAL CURVATURE.—Among the more interesting demonstrations of the International Medical Congress at Amsterdam were those by Dr. Sayre of his method of treatment of spinal curvature and Pott's disease by suspension and the plaster jacket. The method was already known and successfully practiced by a few surgeons in Holland. The brilliant success of Dr. Sayre's remarkable demonstration will undoubtedly contribute to popularize rapidly this invaluable boon to surgeons and patients. The cases included one of a patient wearing one of the recent modern and highly improved apparatus for the treatment of lateral curvature. At once, on removal of the apparatus, it was found that the patient stood nearly an inch higher without it than with it, as will often be found on careful measurement after removing any

"special instrument;" for nearly all, by the downward pressure on the shoulder, actually depress the column vertically, while they exercise lateral pressure on the convexity of the spinal curve. The suspension made and the jacket applied, the patient, carefully measured by the surgeons present, was found to have gained another inch and a quarter, and moved about with an ease and comfort to which he had long been a stranger. The immediate satisfaction and relief afforded, and the rapid and easy cures of Pott's disease and spinal curvatures effected by Sayre's method and jackets, are now matters of such every-day knowledge and experience that we can readily appreciate the enthusiastic satisfaction with which the demonstration and introduction of this method of treatment was hailed by new audiences of surgeons to whom they are still novelties. Dr. Sayre received the accustomed and well-deserved tribute of enthusiastic approval of the large, crowded, and highly-informed section of foreign surgeons before whom his brilliant demonstration was made. We say accustomed, because the same experience may have been noted wherever Dr. Sayre has demonstrated his method before an audience of medical men, whether at the great hospitals of London, at the congresses of Manchester, at Liverpool, or at Cork. We regret to have to note an exception. At the instance of Dr. Charcot, Dr. Sayre, who was intending to visit the congress at Montpellier, was persuaded to pay a visit to Paris, to demonstrate his treatment by suspension and the application of the jacket to some of the surgeons of that metropolis. Dr. Charcot especially asked M. St. Germain to afford facilities for that purpose. Although suffering acutely from articular rheumatism and neuralgia, Dr. Sayre gave such a demonstration at the Hôpital des Enfants, in the presence of M. St. Germain. That gentleman has since published "*une appréciation*," which he will certainly regret when he takes the trouble to come over to England and see for himself that what he condemns as "illogical and cruel" is proved by daily practice to be a painless, pleasant, speedy means of cure; that what he declares to be impossible is done every day; that every country surgeon can do what he can not; and he will probably then regret that in a moment of ill-informed spleen he has descended so low as to rail at the appearance, manner, and even the dress of a great surgeon who has added to the resources of our art a most beneficent, simple, and widely-applicable means of re-

lieving a widespread malady, and who has not shrunk from any labor or expenditure of time in laying his methods before the judgment of his profession, and communicating those details of practical execution of which it is evident that M. St. Germain still remains scornful because he has not realized their importance, and remains therefore unsuccessful.—*British Medical Journal*.

POISON ANTIDOTES.—Jandousch's general antidote for metallic salts consists of a mixture of iron sulphate and magnesium hydrate. As a certain preventive of phosphorus poisoning, if administered immediately, he recommends an emetic consisting of four fifths gram cupric sulphate, and as a reliable antidote for carbolic acid a mixture of one part calcium hydrate and three parts of sugar. Hager considers freshly precipitated sesquioxide of iron an equally efficacious antidote for phosphorus, and also suggests the immediate administration of an emetic consisting of one gram cupric sulphate, followed by one half gram of the same emetic every five minutes until the patient vomits, in case of poisoning with hydrocyanic acid or potassium cyanide. The strychnia antidotes are very numerous; tannic acid, chloroform, and chloral hydrate, in connection with emetics, however, appear to be most reliable.—*Pharm. Centralb.*

THOSE "DIRTY SHILLINGS."—Several of our exchanges are commenting on the well-known fact that many physicians receive a few "dirty shillings" as percentage on their prescriptions. The practice under one form or another is widespread. Many physicians in this city demand as high as forty per cent upon the gross price of their prescriptions to patients, while others are content with twenty-five per cent, and yet others only ask their office-rent, while a goodly number only expect cigars and liquors free. Some degree of collusion between druggists and physicians exists almost every where, and probably always will; but the practice of giving any very substantial inducements to the physician for his influence is commercially and morally wrong. The doctor gains enough by having his prescriptions dispensed accurately to compensate him for the trouble of indicating his favorite druggist. If he fails to see the matter in this light, it is usually much better to lose his influence than to buy it. Of course the percentage must be gained by excessive charges, which will not long escape notice by intelligent cus-

tomers. The druggist never gains sufficient by such compacts to compensate him for the "wear and tear" of conscience caused by the numerous fibs he must tell to account for his immoderate prices. Not a few doctors are so overanxious to drive their customers into the right shop that they unsparingly traduce other better druggists to whom their customers would naturally go. . . .

The practice which many physicians indulge in of dispensing medicine from pocket-cases and vest-pockets, when in the vicinity of good drug-stores, is an evil of considerable magnitude, even in large cities, and is the very bane of pharmacy in small towns. Physicians attempt to justify their conduct in this respect by various and usually ill-grounded reasons, foremost among which they present "economy to the patient," and in a *sub-rosa* style to the patient, "incompetency and general unreliability of pharmacists."—*Pharm. and Chem.*

INTERMITTENT INSANITY.—Dr. Hammond has lately reported a case of malarial insanity, and quotes Sydenham, Baillarger, Griesinger, and Dagonet's testimony as to the existence of such an affection. We have seen two such cases. Both yielded to antiperiodics.

CHOREIC POETRY.—From the New York Sun, dedicated to a notorious divine:

He unfurl-ed his tongue
And he wav-ed his limb,
And the people said,
"Is that him?"
His voice is charming
And his gestures delight us.
He's not like St. Paul,
But he is like St. Vitus.

WHAT NEXT?—Just in the midst of the great shower of new elements and new remedies comes Prof. Meyer, of Zurich, with the announcement that chlorine is really a compound containing oxygen. The proofs are not yet made public.—*Pharm. and Chem.*

INTERMITTENT ANOSMIA.—A case of this rare affection, loss of smell (accompanied in this instance, as is usual, by loss of taste), is copied in the St. Louis Clinical Record from the *Jour. de Méd. et de Chir. Pratique*. Quinia cured it.

A SEVENTY-EIGHT-INCH BEARD on a man of forty-five years is reported in the Medical Advance. The possessor of the beard resides in Lenawee County, Mich. His beard has attained its length in twelve years.

Selections.

Salicylate and Alkaline Treatment of Acute Rheumatism.—The following abstracts are made from an analysis of one hundred and fifty-eight cases by D. W. Finlay, M. D., and R. H. Lucas, M. R. C. S., London, in *London Lancet*:

The results we have to show are those of an analysis of one hundred and fifty-eight typical cases of acute rheumatism treated in the Middlesex Hospital; sixty by salicylate of soda, sixty by the old alkaline method, and thirty-eight by a combination of alkalies and quinine. All of these cases, with the exception of the drug administered, were treated in a precisely similar manner and influenced by the same surroundings.

Pyrexia. The average duration of pyrexia in the cases treated by the salicylate of soda was found to be 5.7 days. In the cases treated by alkalies alone it was 10.3 days. In those in which quinine was combined with the alkaline treatment it was 11.6 days. With regard to the influence of the quinine in the last-named group, it is not easy to see how this should have been unfavorable. Probably the smaller number of cases may render the observation of doubtful value, and the drug itself was not given in what would now be considered antipyretic doses.

Joint-affection. The difference in result is no less marked under this head. The cases treated by the salicylate show an average of five or six days' duration. The averages for the treatment by alkalies and alkalies and quinine respectively are 12.2 and 10.07.

Influence on the Condition of the Heart. Looking to the power possessed by the salicylate of cutting short the pyrexia and joint-affection, one would naturally expect that its influence would appear also in limiting the tendency to the occurrence of endocarditis and pericarditis. This, however, is not borne out by the results of our analysis. Of the cases treated by the salicylate 11.6 per cent developed endocarditis or pericarditis under treatment, while the percentage in the case of the alkaline treatment was 6.6, and in the combined treatment 13.1. Too much stress must not be laid on the comparison in regard to this point, for it must be borne in mind that nearly *seventy per cent of the cases* in the first and second group, and *over fifty per cent* of those in the third, have some heart-complication developed before admission to the hospital, thus leaving a comparatively small number from which to draw any general conclusion.

Relapse. In the cases treated by the salicylate there occurred relapses in 26.6 per cent; in those treated by alkalies, and by alkalies and quinine, 8.3 and 7.8 per cent respectively. The results here are very much against the salicylate treatment, and there is a universal concurrence of opinion on this point among all who have investigated the subject. It may be hoped that this undoubted tendency to relapse may be overcome after further experience, and to this end a gradual discontinuance of the use of the drug, together with a longer confinement in bed, and liquid diet, seem to hold out the most hopeful prospects.

Return of Pain without Pyrexia. Ten per cent of the salicylate cases show return of pain, as against 6.6 per cent of the alkaline and eighteen per cent of the alkaline and quinine combined. It should be remarked that the return of pain in the salicylate cases has generally taken place after the use of the drug has been discontinued, and the pain has been quickly relieved by a return to the remedy.

Stay in the Hospital. Owing to the shorter duration of pyrexia and pain occurring in connection with the salicylate treatment, convalescence becomes established much sooner than when the other methods of treatment have been employed; and were it not for the dangers of relapse these cases might be discharged at a much earlier period. With the discovery of some modification in the plan of treatment which should obviate this risk a notable improvement may be looked for here.

In conclusion, we would remark that cases occasionally occur which seem to be quite insusceptible to the action of salicin or its compounds; while, on the other hand, a few so speedily show its toxic effects (such as giddiness, sickness, headache, and delirium) that its use has to be abandoned before it has had time to influence the rheumatism.

It should be noted that the usual dose of salicylate of soda was fifteen grains every three hours; of the alkalies, fifteen grains of the bicarbonate of potash, with a like quantity of the acetate, every four or six hours; and of quinine, where this was regularly given, two to five grains in pill, thrice daily.

Piece of a Metallic Catheter in the Bladder passed per Rectum.—The patient, an old man of seventy-eight, who, after the operation of lithotripsy several years ago, was in the habit of using a metallic catheter, one day broke off a piece of the same, which, after first remaining a while in the urethra, was during the following catheterization pushed completely into the bladder. The piece in question was seven centimeters long and five millimeters in thickness, and was pointing upward in the bladder, with its point—the broken end—resting upon the base of the bladder. In consequence of the age of patient, all operative interference was abstained from. The inflammatory reaction was very mild, and on the fifth day after the accident the piece of catheter passed with fecal matter from the rectum, without having caused a vesico-rectal fistula. In the *Société de Chirurgie de Paris* the expectant treatment was unanimously condemned, as the age of the patient was no contra-indication to the operation for stone, which, especially per rectum, would have been easy.—*Boeters (Berlin) Centralblatt für Chirurgie; Hospital Gazette.*

Case of Depraved Appetite.—Dr. Fulton relates the case of a girl who when six years old exhibited a singular taste for feeding on slugs, beetles, cockroaches, spiders, and other repulsive insects. She had been carefully brought up as one of thirteen children, in no one of whom did a similar depravity of appetite exist. There was no trace of insanity in the family. The girl was remarkable for an extremely amiable disposition. She was somewhat below the ordinary in intellect, but had remarkable aptitude for mimicry and repartee. She was of slight but perfect physique. This disposition continued several years, her appetite becoming perfectly normal about the age of fourteen.—*Australian Med. Jour.*

Dr. Bumstead says: 1. The virus of venereal sores is dual; 2. Some venereal sores are due to inoculation of the syphilitic virus; 3. Other venereal sores are due to the products of simple inflammation; 4. The two poisons may be inoculated simultaneously.

Leprosy, Dr. Munroe contends, in the *Edinburgh Medical Journal*, is contagious.
[This opinion is held by few.]

Treatment of Typhoid Fever.—In a large number of cases sleep followed the bath, varying from half an hour to two or three. The general conclusion formed of the value of the bath is that in the milder cases and in some of the severe cases in the early period of the disease the bath given once or twice daily is a useful way of relieving the discomfort produced by the heat, of allaying restlessness and producing sleep; that beyond temporary relief of symptoms it had no effect on the course of the disease or on the general mortality; and lastly, that in severe cases the remedy was inadmissible, owing to its depressing effect on the body generally, to the exhaustion which its administration entailed; but above all, for its definite and marked effect upon the circulation, which it invariably greatly weakened.

"If fever depend upon a poison in the blood it is not to be dislodged by the act of vomiting nor washed out by the forcible descent of cold water upon the skin" (Sir T. Watson). I believe the expectant treatment to be the best. There are cases which recover and cases which die, and in order that we may not prevent the one nor hasten the other I think the safest course in the present state of our knowledge is to abstain from interference. "*Opportunum medicamentum est opportune cibus datus* (Celsus); to which let us add general hygienic measures and good nursing, and I believe the treatment of acute disease to be almost complete. An occasional opiate to relieve pain, a little wine to help a failing heart, a laxative to relieve constipation, will be useful adjuvants, if judiciously employed; but I do not think they will be any thing more.—*Dr. Collie, in British Medical Journal.*

Inversion of the Vagina and Prolapsus Uteri from sudden Effort.—Patient, aged twenty-six, had one child nine months ago. Defecation and micturition painful since three weeks before, when she lifted a heavy box down a staircase, and "felt something drop." The vagina was almost completely inverted: complete procidentia. Uterine cavity measured three and a half inches, the supra-vaginal cervix being the principal seat of elongation. The os was surrounded by a granular erosion. Anteriorly, the vesico-vaginal wall bulged considerably, forming a cystocele. The parts were easily replaced, and held in position by a small flexible ring pessary; aloe to be taken every morning, if necessary. Attention was called to the danger of excising the cervix in such cases, owing to the risk of opening the bladder or even the peritoneum. The erosions on the os healed in less than a month without further treatment. Treatment by caustics is objectionable.—*Abstract from the Lancet.*

External Application of the Bromide of Potassium.—The good effects obtained from bromide of potassium in all reflex irritations due to teething are well known, but M. Peyraud claims that better results can be obtained by direct local application of the remedy to the gums than from its internal administration. He uses a mixture of one part of the bromide to six or seven parts of honey, with sufficient water to dissolve the salt and enough alcohol to preserve the mass. This should be gently rubbed on the gums four or five times a day. In cases of diarrhea caused by dentition a few drops of Sydenham's laudanum may be added with advantage. The bromide acts as an anesthetic to the mucous membrane, as a caustic to the excoriations, and through its effect on the general nervous system. It quiets immediately the urticaria of dentition, and under its influence

those excessively nervous children in whom the eruption of the teeth is irregular and difficult pass through this period without convulsive phenomena.

M. Peyraud has also used it with success in caries of the teeth and of some of the long bones, and in diphtheria. Carious teeth he fills with powdered bromide, which is retained in its place by a tampon of cotton. The first application calms the pain in about twenty minutes, and the tooth gradually becomes insensible. In caries of the long bones the fistulæ are washed out with a solution of the bromide in glycerine and water. Diphtheritic membranes are powdered with the finely-pulverized salt every two, three, or four hours, according to the severity of the case. A cure results in from twenty-four hours to five days, the average being about three to four days.—*Four. de Méd.; Medical Record.*

Pulse-Curve.—In a healthy individual the pulse-curve, as obtained in the arteries—*e. g.* the carotids—is principally composed (*a*) of a primary up-stroke, *a*, which is caused by the contents of the left ventricle having been suddenly thrown into the aorta. It is followed by (*b*) a down-stroke, *p*, which corresponds to the post-systolic vacuum; then follows another short up-stroke, *s*; (*c*) of one or more up-strokes, *A* and *B*, both diastolic, and placed at equal intervals, $oA=AB$. They originate at the root of the aorta. 2. These up-strokes are propagated toward the periphery with a rapidity, *V*, which in each artery is equal to one ninth of the square root of a fraction. The numerator of this fraction consists of the product of the acceleration of the gravity, *g*, the coefficient of elasticity of the vessel, *E*, and the thickness of its wall, *a*. The denominator is the product of the specific gravity of the blood, Δ , and of the diameter of the vessel, *d*. 3. Owing to the variability of the coefficient of elasticity, the rapidity of propagation increases as the blood-pressure increases, and decreases as the latter decreases. 4. This same variability is the cause that the interval between the diastolic up-stroke and the primary up-stroke increases steadily toward the periphery. The primary up-stroke being more elevated, the diastolic, the coefficient of elasticity, must be higher, and the rapidity of propagation greater.—*Dr. A. Isebreë Moens (Goes), in British Medical Journal.*

Neurasthenia as a Cause of Disease in Females forms the subject of the introductory paper of Dr. Goodell at the annual meeting of the American Gynecological Society this year. In this paper the author argues with much force—and also, as we think, wisdom—that many of the diseases which are referred to the womb as a cause are really due to general affections which operate so as to weaken the nervous system. From this view of their causation, Dr. Goodell maintains that such patients should not be treated by local measures applied to the womb, which frequently do harm rather than good, but partly by moral treatment, and partly and chiefly by such means as subdue ovarian irritation and improve nutrition, while conserving and stimulating nervous energy. Three cases successfully treated are recorded in the paper, and others are referred to indirectly. In those cases Dr. Goodell put the patients into a dark, quiet room, fed them upon skimmed milk and eggs, gave large doses iron, malt extract, and other analeptics, and applied massage and electricity. The results were most encouraging.—*Edinburgh Med. Jour.*

Physiological Albuminuria.—Dr. Marcacci observes (*L'Imperziale*) that the presence of albuminuria in the urine is considered by the majority of physicians as the index of a pathological condition, though Bernard, Vogel, Hoffman, and others have pointed out that albuminuria may be met with in men whose health is perfect, and under certain conditions of alimentation. The excessive consumption of eggs is only one of the conditions of this sort of physiological albuminuria. It is somewhat difficult to prove that the presence of albumen is not related either to a morbid state or to a special *régime*. . . . Nevertheless, according to M. Marcacci, a series of observations made upon himself has proved to him that albumen may be found in a physiological urine. Albumen, he says, is constantly absent in nocturnal urine; upon the contrary, it is very rarely absent in diurnal urine. It is possible to make albumen appear in the diurnal urine by executing rotary movements of the arm for from ten to fifteen minutes in such fashion as the pulse is raised from seventy-five to one hundred and fifteen pulsations per minute.—*British Medical Journal*.

Pilocarpin as a Remedy for Alopecia.—Dr. G. Schmitz, of Cologne, has reported the cases of two bald men whom he treated in his ophthalmic practice with subcutaneous injections of hydrochlorate of pilocarpin, to produce absorption of inflammatory residua within the eye. In both a secondary effect, consisting in the rapid growth of young downy hairs on the bald parts of the scalp, was observed. In the first case a man of sixty had in four months his whole head covered partly with gray and partly with black hairs of considerable growth, and so as entirely to obliterate the previous baldness. Dr. Schmitz calls the attention of the profession to these facts with a view to elicit from others whether they have made any similar observations.—*Med. Times and Gazette*.

Origin of the Sounds and Murmurs in the Vascular System.—The existence of sounds in the vascular system is due to the following five causes, one of which also produces the valvular bruit: 1. The sudden transition of the valves of the heart, the veins, and the venous walls from a state of relaxation to a state of tension. 2. The contraction of the cardiac muscle. 3. The blood is propelled into a dilated portion of the circulatory tract with a certain minimum rapidity, the value of which depends on the relations between the dimensions of the constricted and the dilated vascular tract. When the rapidity of the circulation sinks beneath this minimum the sound degenerates into a bruit. The latter gradually grows weaker and vanishes entirely as the rapidity of the blood-current decreases. 4. The blood-waves of the arterial trunks. The first two sounds are caused by the primary vibrations of the wall; the latter two by the primary vibrations of the fluid, which produce secondary vibrations in the vascular wall. To these four may be added—5. The pulsation of the arteries, which depends on the elongation of the vessels during their diastole.—*Prof. H. Heynsius (Leyden), in British Medical Journal*.

Curare.—The *Presse Médicale*, of Vienna, says that Dr. Kunze, of Germany, has injected under the skin of twenty-four invalids in hospital half a grain each of curare, and stated that to his astonishment those injections had not killed.—*Hospital Gazette*.

Boracic Acid in Skin Diseases.—Prof. Neumann prescribes an aqueous solution in parasitic diseases, an alcoholic in the itching of urticaria and puritus, an ointment in all forms of eczema. Combined treatment with soapwash and tar is necessary in infiltrated eczema. Aqueous and alcoholic solutions are applied with a sponge or brush, or the remedy is dusted over as a powder. In pityriasis and herpes tonsurans solutions of 10–20:300, with the addition of 2.5–3.0 oil of cloves; in eczema, a salve of 10:50. An infusion of cloves may be added to the alcoholic extract.

Choice of Drinking-Water with reference to Public Health.—1. It is necessary for the public health that the drinking-water contain neither ammonia nor nitrous oxide. It may contain a certain amount of organic substances, nitric oxide, oxide of lime, chlorine, and sulphuric acid. 2. The calorimetric method is by far the best for making chemical analyses. 3. Our knowledge of the physical properties of clay and calcareous soil is of great use in helping us to find good drinking-water and to keep it pure.—*Dr. van Tienhoven (Hague), in British Medical Journal*.

Dislocation of the Neck.—A case of traumatic dislocation of the fifth cervical vertebra of one week's duration, with immobility and distortion of the head and neck, paralysis of the arms and legs, inability to swallow food, and reduction by suspension by the head and rotation of the body, is reported by Wm. J. Morton, M.D., of New York, in the *Medical Record*. Patient perfectly relieved.

Etiology and Treatment of Catatony.—1. It will be found useful to classify under the name of catatony a series of certain cases, the principal symptom of which is an inability to act. This must be attributed to some lesion of the motor centers of the brain. 2. As catatony frequently appears as a complication of divers nervous affections, such as catalepsy, hysteria, epilepsy, or melancholy with stupor, it is impossible to indicate a special etiology or treatment of the affection.—*Dr. Donkersloot (Dordrecht), in British Medical Journal*.

Gooseskin has, according to Dr. Behrend, in his work on Skin Diseases, important relations to forensic medicine. While met with pretty constantly in drowned persons, it is found with far greater frequency in suicides of every form, though absent in those who have been murdered. This affords a point of distinction, when it is in question whether a given case is one of murder or suicide.

Ethylate of Sodium for Nevus.—Dr. Purdon agrees with Dr. Richardson in believing that the ethylate of sodium is a specific for nevus. He has also removed a small patch of cutaneous cancer on the lower lip by the ethylate; while three cases of lupus and one of warty growth on the back of the hand are progressing satisfactorily under treatment.

Lady Doctors.—Without making too sweeping an assertion, I believe that medical women, if they became general, would have a *strong tendency* to increase immorality, and therefore disease. At present, as I trust they ever will remain, they are merely physiological curiosities or mental monstrosities.—*Dr. Tibbits, in London Lancet*.

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII.

LOUISVILLE, OCTOBER 25, 1879.

No. 17.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE success of irregular practitioners in getting upon the National Board of Health, and on one or two of the northern boards, has inspired them with courage to raid the Health Board of Kentucky. A petition has been sent to Governor Blackburn, signed by a number of gentlemen and ladies—who, we must believe, were very ignorantly employed—asking that a homeopathic doctor (who, by the way, is not a resident of the state) be made a member of the State Board of Health.

We rather imagine our friends are following a very "cold trail," and that the doctor governor, who of course knows about all this sort of thing, will just as likely give recognition to the eclectics, steam-doctors, baunscheidists, clairvoyants, or to that eminent pathologist, the Indian doctor, who in his paint and feathers makes such a successful raid just now upon disease in Louisville. There are just as many people who believe in one fraud as in the others, and there is not a particle of difference in favor of any of them in regard to respectability. If any of the outsiders are to be taken, we would be decidedly in favor of the "Big-Injun," whose presence at the sanitary councils of the state would give an unique, not to say an aboriginal flavor.

The homeopathic dodge has few followers in Kentucky, and these are chiefly confined to this city, where the signers of the health-board petition were all found.

The law, by the way, does not require that the Health Board should be formed exclusively of doctors; and we trust that if a va-

cancy should occur at any time in the present admirable organization, the Governor will fill it with a layman. We have always been in favor of a mixed board of this sort, and experience has shown in the Massachusetts board that some of the most efficient sanitary work has been done by non-medical members.

THE change of name of this journal from the LOUISVILLE MEDICAL NEWS to the MEDICAL AGE has not so far met with approval from its friends. A number of our contemporaries are decidedly against the innovation, and express their disapprobation in such strong terms as to make us blush at their concern. We feel especially grateful to the New York Medical Record, the Western Lancet, and the Detroit Lancet for their very complimentary and friendly notices. To many friends, also, who have advised us by word or letter we are under many obligations. As we live entirely for our friends, we shall try to do nothing to displease them; and as it has been very charmingly intimated to us that "a great artiste never changes her name," we shall no doubt with the new year take the feminine privilege of changing our mind and sticking to our name.

THERE is a rumor that the publication committee of the State Medical Society is about to issue the McDowell memorial volume, containing the oration of Prof. Gross, and speeches, letters, etc., on the occasion of dedicating the McDowell monument.

THIS is No. 200 of the NEWS.

Correspondence.

THE MEMPHIS DOCTORS.

The following extracts from a letter addressed to a medical friend of ours* will no doubt prove interesting to our readers. The writer is a distinguished female philanthropist of Memphis, Tenn., the heroine of three violent epidemics of yellow fever in that city:

My dear Doctor:

The more I come in contact with this dread disease (yellow fever) the more thoroughly convinced I am that it need not be so fatal with proper care and nursing. I have not seen a single death this year that I could not trace either to a mistake in the treatment or the nursing. It certainly excites my indignation to the fighting-point to see the slurs cast upon the noblest profession in the world in reference to their so-called "failure" in the management of yellow fever, and more especially when they sneer at the want of progress upon the part of our Memphis medical men, who are, according to my estimation, the noblest band of philanthropists the world ever saw. I have been through our three most virulent epidemics, a worker in the midst of workers. I have watched these men and know them. In 1873 we had no Howard physicians, no security for expenses to be paid (ten dollars per day to each), and but few volunteers in the cause of relief. This noble band of doctors, many of whom had never seen a case of yellow fever before, stood shoulder to shoulder to one another in behalf of the afflicted, going every where when sent for, without one question as to remuneration, many of them offering their services without money and without price. Day and night they went upon their errands of mercy, so pressed with duty to the sick as often not to take time to eat. In fact, a rule of mine was to have, wherever I was sitting up, a pot of strong coffee ready for any doctor who might come in to drink of it, for they were all like brothers to me. Frequently at two and three o'clock in the morning would they come in, and, on condition of being awakened in an hour, fall asleep, awake at the time appointed, drink a cup of coffee, and be gone.

These same men (what were left of them, for many of them paid the price of duty with the forfeit of their precious lives) came

to the front in 1878, doing and daring for dear life's sake, and yet writers in their mountain fastnesses hint at the pitiful sum of ten dollars per day as the inducement for the performance of such noble work.

Again, in 1879, are the men of whom we write called to breast the tempest of disease and death. In our present poverty there is but small means to pay either nurse or doctor; and still this band of veterans in the cause of god-like charity are as unfaltering as ever, going, day in and day out, to the rich and the poor alike. In the present epidemic there are mostly poor people to be ministered to. I have seen just as anxious consultations held by two physicians over the condition of a day-laborer as over that of the richest of our merchants.

I wish that those who doubt the nobility of our physicians could be with me and see them stand by some sufferer lying speechless and blind, and unable to swallow, and hear the tender entreaty to give nourishing enema to the last; or note the expression of joy at the resumption of the natural flow from the kidneys after suppression for ten or twelve hours. If one wishes to realize the force of the expression "While there is life there is hope," let him follow a first-class Memphis nurse and one of our Memphis doctors. If they wish to witness an exemplification of patience which would put old Job to the blush, let them watch this same class around the bed of the sick, and note how every whim of the patient is gratified when it is harmless, and every feeling and manifestation of the afflicted, however childish, is patiently borne with, and the sick one tenderly guarded and handled up to the very gates of death, or break into the cheerful precincts of healthful convalescence. One almost invariable injunction to the nurse is to humor all of the little innocent whims, adroitly piloting your charge between the Scylla and Charybdis of danger to the haven of safety. Many a man drifts through yellow fever under the impression that he is having a slight but persistent attack of remittent or malarial fever. The *name* of his disease is kept from him. He is not frightened to death by the knowledge that he is suffering from the prevalent epidemic. Many a poor fellow suffers for hours with black vomit in utter ignorance of the fact, the blood being caught in a towel and at once thrown away. Let those who think these things easy to do only come and try their hands at the business; then they will know the difficulties of the situation for themselves. With every nerve

* Dr. J. W. Singleton, Paducah, Ky.

of their being unstrung from ceaseless vigils, eyes, feet, and hands aching from fatigue, and they will tell a different story. Often we part with a doctor at midnight who has been on constant duty since 6 A. M., and at daybreak following we are astonished to find him at the bedside of the sick. What a terrible ordeal it must be for even healthy flesh and blood, when day after day and week after week they must endure the same solemn round of inexorable labor in behalf of their fellow-men!

I would that I had the eloquence of an orator, that I might be able to do these Memphis doctors justice with their professional brethren every where.

Of their ability to successfully treat the prevailing epidemic I have this to say: There is but one condition which they are not able to manage, and that is in suppression after twenty-four hours' duration. In 1873 we simply waited for the yellow fever to run its course, unless the tinct. veratrum viride or aconite were used for their therapeutical effects, doing what we could to prevent the black vomit. If this serious complication presented itself, we had at command only iced champagne or some other simple remedy. In 1879 a physician comes to a yellow-fever patient with a high temperature, and says to the nurse on taking his departure, "*Reduce that temperature to 103°, and keep it down;*" an arbitrary order surely, and yet it is done, either by constant sponging or else by packing. In an hour and a half I have frequently reduced a temperature of 106° to 103°. I have this year seen several cases recover who had the vomito for thirty-six hours. In fact, the epidemic of 1879 is remarkable for the number of violent and desperate cases that have recovered; owing, I think, to proper medical treatment and to proper nursing.

HALLIE.

MEMPHIS, TENN., October 4, 1879.

WAS THE CHILD BORN PREMATURE OR AT FULL TERM?

To the Editors of the Louisville Medical News:

This question was asked me by an attorney, to be answered for a jury's edification. My answer was that the child was born premature.

Upon what evidence do you found such a judgment?

My answer was as follows:

1. From the small size of the child—four to five pounds.

2. The nails were poorly developed, and there was but little or no hair on the head.

3. The fontanelles and sutures were uncommonly large, indicating an imperfect development of the cranial bones.

4. The dark or cyanosed color of child.

5. The presence of the membrana pupillaris, which, according to Cazeaux, Playfair, Churchill, and others, disappears in the latter part of the seventh or during the eighth month.

6. The unusual amount of vernix caseosa, which is said by Mad. Bowin to be more abundant on premature children, and nearly always absent when parturition is delayed.

This latter statement is according to my observation, indicating that it begins to be absorbed as gestation is completed or overruns its allotted time.

7. The presentation, which was a *breech*. Naegelé contends that preternatural presentations are more frequent in premature labors than when gestation has been completed.

No one of the above signs would be pathognomonic, but, taken as a whole, afford evidence, I think, sufficient to substantiate me in my diagnosis.

This was in a case of bastardy before the circuit court, and I had delivered the girl who brought the suit. The above were simply the facts in the case, as I observed them at the birth of the child. Her evidence (the history of the case) of course could not be taken into consideration by me in forming my judgment of the child's prematurity. It is rather difficult to explain to the laity the difference between a seven- or eight-months' child and one born at full term; and it is sometimes not easy, especially without the history of the case, for the accoucheur himself to determine. The reasons given above seemed to satisfy the jury that the child was born "before its time," as the case turned upon that point, and the verdict was in the girl's favor.

A. G. HOBBS, M. D.

INDIANA.

ENCOURAGING QUACKERY.—We know that physicians in large practice have recourse to patent medicines, and in place of ordering or writing out a long prescription they save time and encourage the patent-medicine trade by advising the use of such and such an article.—*Med. Press and Circular*.

[Can this be true? Are our British brethren so bad, so loose, so shameless? No reputable American physician ever prescribes a patent medicine. (Hardly ever.) The Code forbids it.]

Reviews.

Photographic Illustrations of Skin Diseases.

With forty-eight colored plates taken from life. Complete in twelve parts. By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases; etc. Price per Part, \$2. New York: E. B. Treat, No. 805 Broadway, publisher.

Dr. Fox's work deserves the heartiest encouragement from the profession at large, as well as from technical dermatologists. His descriptions are equally remarkable for conciseness and clearness, and his colored photographs are singularly and charmingly accurate. Every general practitioner should possess Dr. Fox's work. Except in the larger cities there is no sufficient field for the specialty of dermatology, and the country and village practitioner must rely upon himself and his library in the management of his skin diseases. With Dr. Fox's atlas, and bearing in mind the vital and not generally recognized fact that skin diseases are seldom merely local affections, but are usually local manifestations of systemic disorder, the intelligent general practitioner is quite competent to their management. Four parts are now published, including

Part I: Comedo; Acne Vulgaris; Lepra Tuberosa; Elephantiasis.

Part II: Keloid; Rosacea; Psoriasis Nummulata; Ichthyosis Simplex.

Part III: Fibroma Pendulum; Varicella; Zoster Pectoralis; Zoster Lumbalis; Eczema Universale.

Part IV: Leucoderma; Chromophytosis; Favus Capitis; Favus Corporis; Eczema Cruris.

Clinical Medicine: A Systematic Treatise on the Diagnosis and Treatment of Diseases.

Designed for the use of Students and Practitioners of Medicine. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in Bellevue Hospital Medical College, Fellow of New York Academy of Medicine, etc. Philadelphia: Henry C. Lea. 1879.

We consider this the best book on clinical medicine ever published. It should be in the hands of every student, and no teacher or practitioner's library is complete without it. To enumerate all its excellencies would be to repeat the entire book.

PROF. WHITTAKER says of Prof. Graham, who died recently in Cincinnati, that had he written as well as he spoke his death would have been a national loss.

Books and Pamphlets.

PROCEEDINGS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, at the Third Annual Meeting, held at the Park Avenue Hotel, New York, August 26, 27, and 28, 1879. Reported by James N. Hyde, Chicago. Reprint from the Chicago Medical Journal and Examiner for October, 1879.

INDEX MEDICUS: A MONTHLY CLASSIFIED RECORD OF THE CURRENT MEDICAL LITERATURE OF THE WORLD. Compiled under the supervision of Dr. John S. Billings, Surgeon U. S. Army, and Dr. Robert Fletcher, M. R. C. S. Eng. Vol. I, No. 9, September, 1879. New York: F. Leypoldt, Nos. 13 and 15 Park Row. Subscription per annum, U. S., post paid, \$3; for Great Britain, 15s.

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Miscellany.

THE DAWN OF QUIET.—For many years past we have never missed an opportunity of advocating the adoption throughout London of some form of pavement which should have the effect of diminishing the never-ceasing noise which is one of the results of the enormous traffic of this metropolis. There can be no doubt whatever that noise sensibly increases the wear and tear of the body and tends to shorten life. All stimulation of the acoustic nerve stimulates the action of the heart, and an undue frequency or force of the heart's action means an increased demand upon the resources of our bodies. There are good grounds for believing that incessant noise, apart from the fact that it occasionally robs us of our sleep, and in certain states of health drives us into a condition bordering on desperation, tends insensibly to produce fatigue, and thus to exhaust our strength. Our advocacy of quiet

pavements has arisen not from any mere longing for luxury, but from a conviction, based on physiological data, that quiet is as necessary for perfect well-being as is sleep or exercise.

It is encouraging to notice that every month sees an extension of the wooden pavements in the metropolis, and we hope we may infer that the parish authorities are finding the expense of these quiet roads not so great as was at first anticipated. Many of the business parts of the town are now, wholly or in part, paved with wood, Bond Street being one of the last thoroughfares which has been thus partially tranquilized. We hope that a similar indulgence will soon be granted to the professional quarters, and we should advise the occupiers of the medical districts of the parishes of St. Marylebone and St. George's, Hanover Square, to move seriously in the matter.

The long stretches of wood and asphalt paving which now exist will soon make it possible to introduce a lighter and quieter form of public conveyance. Friction being reduced to a minimum, there will no longer be any need for clumsy carriages, designed mainly to resist the rude bumps and strains caused by deep ruts and huge obstructive paving-stones; and we are glad to feel assured that all need for tramways in the town itself will soon have passed away. In a very little time the whole route from the Bank to Notting Hill will be paved with wood or asphalt, and then we may fairly hope that the General Omnibus Company will provide Londoners with some vehicles made of light wood, bamboo and cane work, with india-rubber-bound spider wheels, which might well be drawn by horses unencumbered by huge iron shoes, which cause the animals to fall and to pound the roadway into powder. Example in such matters is better than precept, and we feel sure that to set such an example would be an economical experiment and would prove a great saving in wear and tear and horseflesh.—*London Lancet*.

IN Egypt, it appears, boiled cabbage was considered an antidote to alcohol; and Mr. Samuelson, in his History of Drink, quotes the following:

"Wife, quick! some cabbage boil of virtuous healing,
That I may rid me of this seedy feeling."

And also the following moral poem:

"Last evening you were drinking deep,
So now your head aches. Go to sleep;
Take some boiled cabbage when you wake,
And there's an end of your headache."

YOUNG DOCTORS.—A young doctor holds an anomalous position. He is naturally fond of pleasure. He likes, as other young professional men like, to enjoy a dance, a dinner-party, a match on the tennis-lawn, or even so unprofessional a pleasure as a good game of cricket; and what is the public to think of a doctor, who ought to be studying gout, amusing himself with dancing, or a physician who gives advice on indigestion being fond of a social dinner-party? And then there is the difficulty about ladies. He *must* marry early if he hopes to do any thing at all at his profession. A wife is as necessary to him as a stethoscope. How can he go philandering in ballrooms at night, and then rise in a dignified way in his consulting-room by day and expect his partners to consult him? People do talk so. A wife is indeed a capital preventive, and a family-man may feel any lady's pulse and count the palpitations of her fluttering heart; but in these days a wife is not only a great but a costly luxury. Our young practitioner may not be able to afford her. He will then be debarred from the most lucrative branch of his profession. All those numerous real ailments, and all those more numerous ideal maladies, that descend upon the female patient are for him (in a practical point of view) a closed book. He may cut off men's legs and make mincemeat of their sartorial muscles; but female delicacy intervenes if he asks a question or is too pressing in the application of a remedy. Like the flying-fish, his enemies are in both elements. A doctor must go into society in order to get on. If he does not, he may have the knowledge of Galen and the industry of Sydenham, but he will remain unknown. Upon the other hand, if he goes into society, scandal is very busy. What does he want in ball-rooms, and is it seemly that he should be passing from sick-rooms into scenes of gayety, vanity, and frivolity? The frequenters of these frivolous scenes ask questions about him, but never think, while holding those views, whether they themselves have any business in such haunts. But it is hard to put old heads on young shoulders. The young doctor should be allowed his feeling, like the young barrister or engineer or merchant. It is not because his profession is one which preëminently relieves suffering and promotes practical good that he is to be debarred from his social pleasures. Gayety has some value even as a tonic, and a hopeful face is sometimes better than physic in a sick-room.—*Mayfair*.

USELESS NOISES.—There are two sources of noise in London which we think might well be summarily dealt with—viz. barrel-organs and church-bells. The former ought assuredly to be permitted only between certain hours, and should not be allowed to grind out their inharmonious tunes at eleven and twelve o'clock at night. Church-bells in the country, when ringing a peal and mel-
lowed by distance, are charming enough; but the incessant banging and clanging of one or two bells in a confined space in town is simply distracting to the neighbors. One likes to think of old days, when the parson and clerk watched the shadow of the sundial until it indicated the hour for church, and then began to toll the bell to call their flock to its religious duties; but in the present day a bell is a noisy anachronism, when every steeple has its clock and every adult member of a congregation has a watch in his pocket, besides several clocks at home. A theater has as much or as little need for a bell in the present day as a church.—*Lond. Lancet.*

A NEW HEMOSTATIC, prepared by Carlo Pavesi, has achieved quite a reputation, and consists of sulpho-carbolic acid twenty-five parts, alcohol twenty-five parts, benzoic acid five parts, tannic acid five parts, glycerin twenty-five parts, and rose-water two hundred parts. The sulpho-carbolic acid is prepared by mixing one part sulphuric acid and one half part carbolic acid, and heating for a few minutes on a water-bath. The benzoic acid is dissolved in the alcohol and glycerin, and the tannic acid in the water. The mixture is clear, straw-colored, has an acid taste, is neither caustic nor irritating, and coagulates albumen, milk, and blood.—*American Jour. Pharm.*

ACCIDENT WITH PAQUELIN'S THERMO-CAUTÈRE.—In the *Lyon Médical* of September 21st an account is given in which this instrument was employed for the purpose of cauterization in a case of diseased knee-joint. Ether was used as an anesthetic, and the surgeons present were quite aware that accidents had before occurred from this taking fire. They were therefore on their guard, opening the window of the apartment (about sixty cubic meters in size), and keeping the vessel containing the ether at some distance from the cautery. The anesthetization was tedious, so that one hundred and fifty grams had been employed, and a new bottle was just commenced with, when inflammation of

the vapor in the room took place without any detonation, and the patient and doctors were enveloped in flame. Before this could be extinguished the patient was slightly and one of the doctors severely burned, and the bedclothes were set light to. The patient never awoke, and the operation was terminated notwithstanding the accident.—*Med. Times and Gazette.*

[It is consoling to reflect that if "the patient never awoke," he at least experienced no pain from the burn.]

DRINK.—It is futile for earnest men to lecture to drunkards among the lower classes, so long as the great mass of electors, guided by unscrupulous party leaders, choose publicans to represent them in town councils and promote them to the aldermanic or civic chair. Equally idle is it for clergymen to preach temperance sermons to decorous congregations, while those who are enriched by the results of drunkenness are permitted to hold a higher rank than the parishioner whose calling is innocuous, and even above him whose profession ministers to that health and comfort which are undermined and uprooted by the gin-palace.—*The History of Drink: a Review, Social, Scientific, and Political, by James Samuelson, London.*

[Drunkenness needs to be made odious, as Andrew Johnson said about rebellion.]

FEEES.—The great habit of working for nothing in our profession has its disadvantages and affects injuriously the workers. It sprang from the purest benevolence, and has been of the utmost service to the poorer classes of the community; but it has led to dead ingratitude, and lowered the profession in the estimation of the commercial classes, who would weigh the produce of a cultivated brain in coal-scales as they would minerals and metals. It has also led honorable members of our profession to forego their just dues and to rob themselves. It has engendered a refined delicacy with regard to the business of the profession, of which mean advantage has frequently been taken in the minor appointments of the profession.—*Prof. Postgate, of Birmingham, in Medical Times and Gazette.*

FEMALE PHYSICIANS.—We regret to be obliged to announce that at a meeting of the councilors, held on the 1st of October, it was voted to admit women to the Massachusetts State Medical Society.—*Boston Med. and Surg. Jour.*

AWFULLY TALL SCOTCH WRITING.—How many books are read which leave few if any impressions on the mind, because in reading them there has been no resolute endeavor to separate in the way recommended betwixt old and new, betwixt freshness of treatment and mere commonplace! The result is a cloud of chaff obscuring previous acquisitions, instead of an addition, however small, to the grain already garnered. A poor book is as injurious to the mental digestion as a badly-cooked dinner to the bodily. What a healthy sense of freedom is experienced when you turn from a compilation, a *multum in parvo*, with its compression and wooden fare, to the natural, the fresh, the spontaneous aliment provided by some master in the profession, who feeds his friendly readers with the mutton which he has been rearing for many years on his own green pastures!—*Editorial Address to Students, in Edinburgh Medical Journal.*

THE DRUG NOMENCLATURE OF THE UNWASHED.—Among some original specimens the Chemist and Druggist gives the following: "Balocks and Hunney," "parragrack," "holoways," "extract hyoxyemus," "anty-burlas pills," "Loddom," "sotne withen" (stone whiting). Another chemist is asked to prescribe for a child "sick and no aple-tight," for another troubled with "a dredful roaring in his inside;" some one wants "a bottle of scent for diarrhea in his head." Other requirements are "combination soda" (carbonate), "commode for the hair" (pomade), "bitter alicé," "asissik assik" (acetic acid), "brucks" (borax), "fires of balsam."

ENGLISH DOCTORS.—In the United States of America a doctor holds at least a respectable social status; in this country, with few exceptions, his position is anomalous, and his wife is a social pariah.—*J. Milner Fothergill, in Philadelphia Medical Times.*

[This is, we are sure, quite too strong.]

LONGEVITY.—Omitting Russia, Turkey, and some other small states, there are about eighteen millions persons in Europe of the age of sixty years and upward. The number should probably be estimated at about twenty millions if those other countries were included.—*Medical Times and Gazette.*

SUICIDES IN FRANCE.—The statistics of suicides in France, just issued, show that nearly six thousand persons committed suicide last year throughout France.

Selections.

The Advantages of Calomel in the Diseases of Childhood.—E. Marlett Boddy, F.R.C.S., F.S.S., in *Medical Press and Circular*:

Calomel, by reason of its purgative properties, frequently causes green evacuations, and so does castor oil when the child is out of health; but this phenomenon of disease ceases the moment the child becomes well. Therefore the green stools are not by any means produced by the calomel, but are caused by some morbid action going on in the intestines. When the child is ill the mother will almost invariably tell you that the evacuations are green and slimy. This assertion of the parent alone proves that calomel, when given, is not the originator of green stools, but that they are produced by some morbid influence. I think the color is very probably caused by an over-secretion of bile, which will to a certainty show itself independently of the calomel.

As there is no fear of mercurialization arising from calomel, as it promotes the elimination of the over-secretion of bile, and as it restores the intestinal canal to its ordinary healthy tone, it is, without doubt, the best purgative we can possibly administer in *all* diseases appertaining to infancy, ignoring to a certain extent those of a congenital nature. Mercurialization can only occur when the drug is allowed to remain and accumulate in the system; and to accomplish this the best method is to follow the general rule, viz. the administration of the hydrargyrum cum creta; by so doing we shall be decidedly successful. But as this result is not desired we shall be able to prevent such an untoward complication by administering calomel by itself or combined with a small amount of sugar. This addition is not at all necessary; in fact, I do not understand what advantage can be gained by combining the two. Calomel, I think, is quite as efficacious without sugar; therefore it can be well dispensed with.

Regarding a very recent sage discovery made by a certain *savant*, that by giving to an infant calomel and sugar we may very likely poison it through the formation of corrosive sublimate while the compound remains in the stomach, though chemically true, yet I must say it almost verges on puerility. No case of poisoning has, I believe, occurred through the combination of calomel and sugar, and I dare say never will. I think we may consider it as bordering on the absurd until a *bona fide* case of poisoning resulting from the administration of calomel and sugar is brought before the profession and thoroughly substantiated as such. The discovery is ingenious, to say the least of it; but it is of no practical utility when one considers it in the abstract. However, it is not for this chemical change in the stomach that I am advocating the non-administration of calomel and sugar, but because I do not see what can be possibly gained from the combination of the two. In such matters we can only judge correctly by the relative value of the results obtained; and if calomel produces that which is to be desired by its own inherent qualities (which are not in the least enhanced or diminished by the sugar), then in *all* cases, I say, of infantile disease we may with safety and advantage administer it by itself. In dropsy, one of the sequelæ of scarlet fever, some compound jalap powder may be combined with it with advantage, though I have found that calomel alone is equally as efficacious, even supposing that there is albuminous urine. Cal-

omel may also be combined with santonin in cases of worms; but of this anon.

We have now ascertained conclusively, I think, that it is highly injudicious to give infants hydrargyrum cum creta, owing to one ingredient stultifying, we may say, the action of the other, and that it may be left to discretion whether any gain may result from combining calomel with sugar; it now remains for us to determine how we may promote its action to a greater degree, and thereby accelerate a speedier return to health.

To obtain this end satisfactorily, I always make it an invariable rule to administer the calomel at night, and the next morning to follow it up with some castor oil, which practice has always resulted by my expectations being realized. Sometimes, on account of the stubbornness of the bowels, owing to neglect, calomel is comparatively powerless as regards its purgative qualities; but it never fails when followed by the castor oil, which seems to stimulate it to fresh exertions, and entirely prevents, in children as well as in adults, the much-dreaded mercurialization.

This mode of treatment is, as the reader may perceive, remarkably simple, and consequently by some may be impugned as being too much so; but simplicity, to my mind, is or should be the goal of all things. Complexity and abstruseness show undeniable and unmistakable ingenuity and tact, and great praise is due to those who can obtain the desired end through the media of such channels; but the great fundamental in the treatment of disease is simplicity, which, if carried out successfully, is the acme of medical science and the perfection of medical skill.

Some seem to have a grudge and a determined ill will toward calomel; no words and terms are too strong for them to use when they denounce it; in fact, they abuse it with a hearty good will; and many, I know, would prefer giving no medicine at all than be under the necessity of administering it. Some are truly fearful and altogether refrain from using it, because so and so may happen; but what catastrophe one can not without great difficulty elicit from them; and, supposing we are successful in our endeavors, we find their objections and reasons very vague and unsatisfactory. Some will honestly tell you that to a certainty mercurialization will occur, and that is the sole reason why they do not use it.

Assuming, for the sake of argument, the correctness of their objections, I do not see why such a result should necessarily occur if it be given with care. If a man chooses to cut his throat with a razor there is no reason why I should follow his example, for I may use the very same implement for other purposes. If a man chooses to poison himself with opium the same drug given by me may save another man's life. So it is with calomel; if a man administers it carelessly and injudiciously evil consequences may result; but I may give the very same drug, and good results will ensue.

This dislike to calomel is sheer prejudice, and in many instances approaches the whimsical. I remember being told by a great enemy to calomel that it should never be given save to a plowman, and then only very gingerly. "Colocynth and hyoscyamus," said he, "for a lady, colocynth and jalap for a gentleman, but colocynth and calomel for a plowman." This absurd injunction, I need hardly say, I very soon found to be the quintessence of erroneous treatment; besides, it was entirely antagonistic to all common sense; for the intestines of a "plowman" have not as yet been discovered to be dissimilar to the in-

testines of a "lady" or "gentleman." Perhaps when he made the above remark he was under the impression that there did exist a dissimilarity, and, being of that opinion, considered that a different course of treatment was necessary to meet the various peculiarities of the several intestines.

This digression serves to show what a groundless, illogical abhorrence some have to calomel, for no reason at all except that something prejudicial to the patient may possibly occur, but of what nature they are entirely undetermined upon, unless it be mercurialization, which is the only objection its opponents can reasonably urge against its administration.

In what diseases or morbid conditions of infancy is calomel indicated, and how should it be administered, whether alone or in combination? Infantile diseases are few in number when compared with those which attack the adult, for the following very cogent reasons: The constitution of an infant or child has not gone through the wear and tear of life; the lungs have not yet been irritated through inhalation of infinitesimal carboniferous matter; the digestive powers have not yet been impaired through the ingestion of indigestible food; nor have the coats of the stomach been injured by the destructive properties of alcohol, which is regarded by a great majority as a necessary staple of nourishment, and neither is the liver disorganized by habitual drinking.

The most prevalent of all infantile diseases are convulsions, proceeding from either intestinal or cerebral irritation or from dentition. Those arising from intestinal irritation are sometimes induced primarily from dentition, and in many instances one state is co-existent with the other; and the same may be said regarding those convulsive attacks which owe their origin to cerebral irritation, though the latter condition may exist singly and alone; in other words, we may find one state complicated with the other.

There are two kinds of intestinal irritation—that proceeding from fecal contents and that resulting from the presence of worms (which generally belong to the round variety, though sometimes the thread-worms are also provocative of convulsions, but they are not of so severe a nature, and they are more common among children averaging from two years and upward, but rarely found among infants at the breast). Those convulsions proceeding from irritation produced by the accumulation of fecal matter are easily cured if treated correctly, but are simply aggravated if treated in the usual style, *i. e.* two or three grains of the hydrargyrum cum creta administered three or four times during the day.

All that these infants require is a calomel powder at bedtime, followed the next morning by some castor oil, which must be continued till the alvine excreta resume their normal appearance, which is too well known—at least I hope so—to my readers to need specifying. However, as it is the generally-received opinion of the profession that calomel produces green stools, irrespective of the condition of the patient, I do not think I shall be erring on the wrong side when I tell them that when an infant is in health the ejecta are as yellow as mustard, whether it is administered or otherwise.

When the convulsive attacks proceed from the presence of worms santonin should be combined with the calomel, and should always be given at night-time, to be followed the next morning by some castor oil. This course should be perseveringly persisted in till the motions are natural, which will very soon occur after the expulsion of the parasites. There is not the

slightest fear of mercurialization, nor will the santonin cause retention of urine, and neither will the convulsive attacks be increased, for the very reason that the santonin has not sufficient time to resolve itself into xanthopsin, on account of its being eliminated by the castor oil.

If the convulsions proceed from the irritation produced by the oxyuris vermicularis, or the ascaris vermicularis, commonly known as the thread worm, the best treatment to pursue after the motions have become normal (which will by no means take place till the worms have been expelled) is to inject some infusion of quassia or salt and water into the rectum. This is comparatively useless if the administration of calomel and its adjunct (if I may so term castor oil) is omitted; for though those minute parasites are supposed to infect the rectum only, they would no doubt be found, though perhaps fewer in number, in the sigmoid flexure and descending colon, if they were searched for on a favorable opportunity, which could only be in a post-mortem.

Depending simply upon an injection in those cases is really not of much benefit; if I may be allowed to make a comparison, it is like clearing out the lower part of a drain-pipe and leaving the upper portion foul and impure.

I have already mentioned the treatment which should be followed out during teething, and I think I have clearly demonstrated the disadvantages accruing from the administration of the hydrargyrum cum creta and the advantages resulting from calomel, and the remarks I have made regarding them will also apply to nearly all the diseases which are prevalent in infancy.

I shall now pass on to consider those other complaints in which the administration of calomel is advisable. The most common after convulsions is diarrhea—a medical bugbear which, when once it commences, frightens the mother and causes the medical man to resort immediately to a very silly mode of practice, but which at the present day is regarded as a very scientific procedure; and the antidote (presumed to be such) is to be found in the British Pharmacopeia, and accordingly it is given with great faith when diarrhea shows its hideous presence, in the vain hope of—stopping it.

What is diarrhea? and what causes it? and why should we be in such consternation when it occurs? We will examine and answer these questions from a practical common-sense point of view.

First. What is diarrhea? The answer is simple, and not at all difficult of comprehension. It is the endeavor of nature to get rid of an evil, and the evil is nothing more nor less than a collection of fecal matter in the intestinal canal. In the majority of cases what else can it be? If the coats, especially the muscular, of the intestines are weakened to any extent in an infant there are very few chances of its ultimate recovery, because the weakness depends upon some organic mischief, which is not to be remedied by human means. Now if the diarrhea originates from such a condition all the chalk mixture in the world will not stop it; and most probably if the administration is too often repeated the child rather succumbs to the pernicious effects of the astringent than to the diarrhea. Here in these cases, by-the-by, we administer chalk to stop the action of the bowels, and in other cases we combine chalk and mercury to open them—contradictory, there is no denying; but then it is accounted correct treatment.

Second. What causes diarrhea? The contents of

the intestinal canal and the efforts they make to get out—nothing else. They have done their duty; all nutriment has been extracted from them; they are therefore useless, and nothing else than an incumbrance, and consequently the sooner they are ejected the better. Nature is of the same opinion, and accordingly sets to work, and would perform her duty alone and single-handed were the fecal contents in their usual amount and normal condition; but it is not so; the infant no doubt has been previously stuffed or rather overfed by a too anxious parent. The intestinal canal is too full, and as a natural consequence diarrhea results, which is the strenuous efforts of nature to rid herself of an irritating load, which we scientifically endeavor to prevent by the prompt administration of an astringent in the shape of chalk-mixture. In these cases nature requires the helping hand to lift her over the difficulty, not to be thwarted or antagonized by the administration of drugs of an astringent tendency. Such treatment is not only outrageous, but discreditable to medical science; and I regard it as such, however strongly and indeed cleverly it may be advocated by those who are thought more competent to decide than others; for the arguments they advance with such plausibility are entirely based upon theoretical knowledge (or practical ignorance) rather than upon sound principles of practice and careful investigation into the varied phenomena of health and disease. I am afraid that we regard the human organism as a piece of workmanship much more complex in its design and working than it really is; and again, that we too frequently run our heads against the idea that we can mold it just as we please, forgetting that nature is, on the average, able to conduct her own proceedings to a favorable termination without the aid of science, but is hindered and perhaps completely impeded by our somewhat too great a hastiness to adopt the so-called scientific treatment of the present day, and which, in infantile diarrhea, is more hurtful than otherwise.

One question now remains for our consideration. Why should we look upon the presence of diarrhea with the eye of suspicion and apprehension? and why should we regard the efforts of nature to relieve herself as indicative of danger? I think we can easily account for our groundless fears from the fact that we clothe simple diarrhea in so many technicalities that many who are either too indifferent or too ready to take for granted the opinions of others neglect investigating and probing to the bottom the origin of a condition which is quite the reverse of what we imagine to be prejudicial to health.

Certain Effects of Starvation on Vegetable and Animal Tissues.—D. D. Cunningham, M. B., Special Assistant to the Sanitary Commissioner with the Government of India, in his work on this subject, says that the experiments upon vegetable organisms were conducted on plants belonging to the mucorine order of fungi, and consisted in cultivating them, or endeavoring to cultivate them in distilled water. A fatty change and ultimate disintegration of the protoplasm seem to have been the general results of insufficient nutrition when applied to the fungi experimented upon. The experiments upon animals were made on tadpoles. The chief phenomenon noticed after keeping them in distilled water for different periods seems to have been a desquamation and fatty degeneration of the epithelium of the intestinal canal. There was also noticed at the same time the usual wasting in the other organs.—*Edin. Med. Jour.*

Opium-Smoking.—The Chemist and Druggist gives the following account of an experiment in opium-smoking made by Dr. Miclucho Maclay upon himself during his stay in Hong Kong: The experiment was made at the Chinese Club, where every convenience for smoking opium is to be found. Dr. Clouth, of Hong Kong, took the necessary observations, and his notes are recorded below. These may be summarized as follows: Herr Maclay was in normal health, and had fasted eighteen hours before commencing the experiment. He had never smoked tobacco. Twenty-seven pipes, equivalent to one hundred and seven grains of opium used by the Chinese, were smoked in two and three quarter hours, at tolerably regular intervals. The third removed the feeling of hunger caused by his long fast, and his pulse rose from seventy-two to eighty. The fourth and fifth caused slight heaviness and desire for sleep, but there was no hesitation in giving correct answers, though he could not guide himself about the room. After the seventh pipe the pulse fell to seventy. The twelfth pipe was followed by singing in the ears, and after the thirteenth he laughed heartily, though without any cause that he can remember. Questions asked at this time were answered only after a pause, and not always correctly. He had for some time ceased to be conscious of his actions. After the twenty-fifth pipe questions asked in a loud tone were not answered. After the last pipe had been smoked he remarked, "I do not hear well." Forty minutes later there was a slight return of consciousness, and he said: "I am quite bewildered. May I smoke some more? Is the man with the pipe gone already?" Fifteen minutes later (4:55 P. M.) he was able to go home, and then retired to bed. He woke the next morning at 3 A. M., and made a hearty meal, after his fast of thirty-three hours. During the next day he felt as if he had bees in a great hollow in his head, as well as a slight headache. The organs of locomotion were first affected, next came sight and hearing, but Herr Maclay is very positive that there were no dreams, hallucinations, or visions of any sort whatever.—*Edinburgh Medical Journal*.

The Summer of 1879.—During the three months of June, July, and August the mean temperature of the air at the Royal Observatory, Greenwich, was 58.3°, and was 1.9° below the average for the corresponding period in one hundred years. The recorded hours of bright sunshine during the three months were only 380.3 out of 1440.4 during which the sun was above the horizon. Unpleasant as have been the meteorological conditions of the past summer, they have been remarkably favorable to public health, and the English rate of mortality has been lower than that recorded in any three months since the establishment of civil registration in 1837.—*London Lancet*.

The Plague.—The plague is a pestilential fever closely allied to, if not identical with, the most malignant forms of typhus fever, its chief symptoms being a febrile state accompanied by great prostration; pain in the limbs, vomiting of vitiated bile or blood, much distress; delirium, insomnia, and coma; often bubonic swellings of the lymphatic glands, and carbuncles, both of which are considered pathognomonic of the disease; and a dark-colored rash portending death.

Plague is one of those zymotic diseases whose origin is still unknown, though recent observers incline to the theory that they are produced by disease-

germs or minute organisms generated under certain conditions, and which enter the blood and give rise to a succession of well-defined morbid phenomena. The ancients, while not ignoring the noxious influence of unhealthy exhalations from the soil, lay much weight on unknown changes in the atmosphere produced by meteorological causes. This view of the case is entitled to the serious consideration of students of meteorology in its relations to health and disease.

It is highly contagious, and its quality of communicability from contaminated bodies and clothes to persons in sound health, and of traveling by means of caravans and ships from infected to healthy spots, is beyond doubt. Its contagiousness is so great that it seems as if it attacked only persons who are exposed to direct infection. Thus persons who "shut themselves up" in the midst of the raging pestilence enjoy a remarkable degree of immunity from taking the disease.

Low, damp, ill-ventilated habitations, poverty, filth, and misery are the most favorable conditions for the propagation and ravages of plague.—*Dr. Wortabet, in Edinburgh Med. Jour.*

A Method for Controlling Hemorrhage during Amputation at the Hip-joint.—The following might be found useful as a method for controlling hemorrhage during operation at the hip-joint. It was lately employed by Mr. Spence with complete success. Mr. Spence, though unwilling to perform any operation owing to the patient's condition, yet, considering it was his only chance for life, resolved to amputate, using the following method: The sinuses which were at the outer side of the limb were connected by an incision. The head of the femur was cut down upon, and with difficulty, owing to the ankylosis which had taken place, was excised. The thigh was then transfixed by a long sharp-pointed steel skewer, three eighths of an inch in breadth, the point entering at the incision which had just been made, and then taking the course which the knife usually takes in transfixion for the anterior flap. A firm india-rubber band was then twisted tightly round the skewer, including the anterior part of the thigh, much after the method in which vessels are secured by acupressure. Another band was twisted round posteriorly, thus securing the posterior vessels. The operation was then completed by cutting the anterior and posterior flaps. After the vessels were secured the bands were loosened, the skewer removed, and the flaps stitched and dressed. During the excision a small quantity of blood was lost, but during the after-part of the operation hardly a drop.—*R. Purdie, M. B., C. M., Edinburgh Royal Infirmary, in London Lancet*.

Embryos in the Blood.—So far as we at present know, it would seem that the presence of embryos in the blood, no matter how numerous, exercise no marked deleterious effect upon the organism.—*The Microscopic Organisms found in the Blood of Man and Animals, and their Relation to Disease, by Timothy Richards Lewis, M. B., Special Assistant to the Sanitary Commissioner with the Government in India, 1879.*

Elephantiasis Arabum.—Malaria and bad water are causes of this disease, according to Surgeon-major Black, in *Edinburgh Med. Journal*. The great Erasmus Wilson believes the true leprosy is of malarial origin.

Hypodermic Injections of Fowler's Solution in Chorea.—Dr. L. Péroud, Professor of Diseases of Children to the Faculty of Medicine of Lyons, has employed hypodermic injections of arsenic in chorea since 1875. M. Henri Garin describes in his thesis (*Thèse de Lyon*) results obtained in thirty-three cases of chorea in children at the Charité Hospital. In the method followed by M. Péroud usually four or five drops of pure Fowler's solution are injected into the cellular tissue by means of a Pravaz's syringe. An injection is made every day; sometimes every second or third day. The region preferred for injection is some part where there is loose cellular tissue and few nervous filaments. It is sometimes preferable to inject at the level of muscles most affected. The cases related occurred in female children from the age of four and a half to fourteen and a half. Among them were recent, old, and relapsed cases; cases of rheumatic, of paralytic, and of cerebral chorea. M. Garin's reason for preferring subcutaneous injections are these: first, they do not give rise to gastric disturbance; second, the curative effect is generally more rapidly obtained; third, only very small doses administered every two or three days are needed. Subcutaneous injections cause little trouble in children; they give rise to no local irritation, although sometimes, when the organism has become saturated, slight indurations occur at the punctures. Sometimes intolerance of arsenic is met with; but this is rare, especially in children, who take it very well. Under the influence of hypodermic arsenical medication rapid amelioration is the rule. At the same time that the chorea advances to cure, the children become fat, the weight of the body progressively increases, and the amount of solid matter excreted by the kidney diminishes. Under the influences of arsenical injections sixteen cases of chorea ended in recovery, after an average of thirty-two days' treatment and about eighteen hypodermic injections. In these sixteen cases the treatment was purely arsenical. Of thirteen other cases of chorea submitted to injections of arsenic, and also to various other remedies, ten recovered; but a longer time was necessary. These thirteen were, moreover, almost all old or relapsed cases. Hence it may be concluded that arsenic has more chances of cure in recent and simple cases than in old and inveterate cases. This is contrary to the assertions of Aran and Ziemssen.—*British Medical Journal*.

Anthrax Intestinalis.—At a meeting of the German Medical Society in St. Petersburg (*St. Petersb. Med. Wochens*) the following case was reported by Dr. Kade: A girl aged seventeen, a seamstress, presented the following symptoms when received into the hospital. Her skin was livid; she was very restless and threw herself about; the heart-sounds were very loud; the throat and lower jaw were edematous; the glands could be felt only with difficulty both here and in the groin; the abdomen was meteoristic and painful: the bladder empty. On being spoken to in a loud voice she answered slowly and sensibly. There was an excoriated patch on her forehead and a similar one on the inner condyle of the right femur, where the patient said she had had a pustule before. She had been taken ill three days ago with dysphagia, for which she had taken a dose of castor oil. On the second and third days she had felt comparatively well. On entering the hospital she vomited once, and died three hours later. At the post-mortem examination the subcutaneous cellular tissue in the abdominal walls was found to be hemorrhagically infiltrated;

the abdominal cavity contained a serous liquid. The mesenteric and inguinal glands also presented a bloody infiltration. The whole of the intestinal tract was injected. In the duodenum several semi-globular swellings were found, which became fewer in number in the small intestine, and disappeared in the large intestine. The spleen was soft, little enlarged; the liver was not enlarged, and was soft. Punctiform extravasations were found in the pelvis of one of the kidneys. Several bloody pustules, partly degenerated, were found on the aryepiglottic ligaments. In the apex of the right lung was a fresh infarct of the size of a walnut. The longitudinal sinus of the dura mater was filled with fluid blood. Minute extravasations of blood were on the external lamella of the sinus. The blood itself contained numerous bacteria.—*British Medical Journal*.

Workhouse Hospital Statistics on the Alcohol Question.—St. George's Union Infirmary, London, has lately obtained an enviable prominence in the great question regarding the administration of alcohol in workhouses. Dr. Webster has come in for his share of congratulations on his conversion to the temperance side; and lest any of our readers should not have heard of Dr. Webster's reports, we shall briefly mention what he has done. He has issued a report in which he states that in the St. George's Union Infirmary he has, at the request of the guardians, carried out his intention of limiting the consumption of alcohol in the Infirmary. He has brought down the expenditure for stimulants for one year to £8. He mentions "one or two facts" of a very extraordinary nature. He says: "Prior to their removal to St. George's Infirmary more than thirty old women had been bed-ridden for various spaces of time ranging from one to seventeen years. They had all been supplied daily with either brandy or beer, or both. The whole are now able to leave their beds; many are able to walk about; some to work. Appetites have been developed for solid material, and an interest is once more taken in the surroundings. I am compelled to ascribe this amelioration of condition to the altered moral state, greater physical energy, and improved food assimilation brought about by the withdrawal of alcohol."

Every teetotaler must have read these lines with heartfelt satisfaction, for seemingly nothing could be more convincing or more truthful; and we have no doubt most of the guardians considered that the question was solved by this authoritative and strong statement of their medical officer. Unfortunately there is a fly in the ointment, and there is another side to the question.—*Medical Press and Circular*.

[In a late number of the *British Medical Journal* Dr. Orme Dudfield denies and disproves Dr. Webster's report *in toto*; and it seems that Dr. W.'s report was founded upon guesswork, imagination, and old women's gabble.]

Case of Poisoning by Soda Salicylate.—This was the case of a lady who had taken sixty grains in six hours (twenty grains every three hours). The symptoms were as follows: First, attacks of unconsciousness for the first fifteen minutes, each attack lasting three minutes. Second, after attacks of delirium for three hours, each attack being about twenty minutes in duration; perfectly lucid intervals of a few minutes each. A pulse of 120, very feeble. Temperature reduced from 102° to 99°.—*J. Kendall Burt, M. B. and C. M. (Kendal), in British Med. Journal*.

Stammering.—M. Chervin, of Paris, read at the International Congress of Medical Science, Amsterdam, a paper on Stammering. This disturbance of speech is generally ascribed to a spasm of the muscular apparatus that aids in the articulation of sounds. This theory, which is essentially false, has led surgeons to perform many unfortunate and useless operations (section of the tongue or of certain of its muscles, of the hyoglossus, extirpation of the tonsils, the uvula, etc.). M. Chervin thinks that stammering is caused simply by a disturbance in the coördination of the movements that are necessary to emit an articulated sound. This explains how it is that this disturbance of speech is frequently of an intermittent type, and why, under the influence of a methodical treatment, which is in reality only a series of gymnastic exercises that are practiced by the apparatus which helps to form articulate sounds, it is possible to cure this affection in a very short time. The author has gathered from statistics that, from 1850 to 1869, 13,215 young men in France were exempted from serving in the army because of stammering. Great discretion must, however, be exercised in delivering certificates upon the subject, as stammering is very easily counterfeited. In general, fright and emotion play a great part in the etiology of the affection. It occurs more frequently in the male sex than in the female, which the author attributes to the fact that young girls are less exposed to violent emotions. The treatment lasts about three weeks. During the first week the patient has to go through methodical exercises of reading and recitation for a certain number of hours daily; for the remainder of the time he must be perfectly silent and isolated from his friends. In the second week he is allowed to speak to his attendants or friends, but must speak very slowly and pronounce each syllable distinctly. In the third week the patient may converse freely, but must still speak very slowly.—*British Medical Journal*.

The Fat Secreted by the Liver.—According to Dr. Neumann, the liver furnishes a variety of fat which is distinguished from others by the rapidity with which it oxidizes to serve for nutritive purposes. This fat, like glycogenic substances, is the result of the transformation of albuminoids. The production of fat in the liver is comparable to that which occurs in the mammary gland, and is a true secretion. Its activity is in an inverse ratio to the oxidations which take place in the organism. Every thing which tends to limit these oxidations promotes the production of fat in the liver (pulmonary lesions, debilitating influences, anemia, and cachexia). In such cases the liver at last becomes infiltrated with fat—a condition which is physiological in animals in which the respiratory functions are languid (fishes). When, under the influence of debilitating causes, the wants of the organism increase to a high degree, the liver does not suffice for these excessive demands; the fat-forming function becomes paralyzed. The albuminoid matters, undergoing metamorphosis in the liver, no longer produce fat, but a substance less adapted for combustion—amyloid substance—is formed. It is true that amyloid degeneration of other organs may precede that of the liver, but this is due to the fact that the diseased liver pours into the circulation the morbid products, which then infiltrate the tissues with which they come in contact, and especially the parietes of the smaller vessels.—*Deut. Arch. für klin. Med., and Gior. Intern. delle Sci. Med., Nos. 3 and 4, 1879; G. R. C., in New York Medical Journal*.

Therapeutic Uses of Boracic Acid.—E. Kurz, of Florence, writes (*Memorabilien*) that he has used an ointment of five parts of boracic acid and ten or fifteen of vaseline with much success in several cases of eczema of the face and limbs. One case of eczema squamosum, which had lasted five months, was cured in three weeks. In the case of a child whose whole head was affected with impetigo, the application of boracic acid after the removal of the scales produced a remarkably speedy cure. Two cases of prurigo which had for a year resisted all other treatment were cured in one and two months respectively by the application of the boracic acid ointment twice a day. The same treatment was successful in a case of non-syphilitic psoriasis of three years' standing, in which carbolic acid and arsenic had failed. In a case of exfoliative lupus of the nose the use of boracic acid for a month had no effect; salicylic acid produced slight improvement. In two cases of severe gonorrhea injections of a solution of boracic acid (one in one hundred of water) almost completely arrested the discharge; a scanty secretion of mucus, which continued for a time, was cured by the use of subnitrate of bismuth.—*British Medical Journal*.

Sulphur as a Topical Application in Diphtheria.—Sulphur precipitatum (milk of sulphur) used as a topical application has been very useful in my practice in seven cases of diphtheria, either blown on through a quill or stirred up with water and swabbed on. It causes almost immediately after application blackening of the membrane and detachment of it. To show its rapidity of action, six of these cases only required an average of 2.6 visits. In opposition to the views of Dr. Oertel in his Report on the Epidemic of Diphtheria in the Royal Household of Darmstadt, and of Dr. Braithwaite, of Leeds, in his last Retrospect (January to June, 1879), and the Reporter in the Medical Record of June 15th (the two latter criticising my first notice of the subject in the Practitioner of April, 1879), I am of opinion that the action of sulphur in this disease is a specific action, not a mere "scouring powder" (Dr. Oertel), nor that its action is principally by friction. I use no friction. I have found the application of carbolic acid, sulphurous acid, and solution of muriate of iron, in equal parts, a pretty sure remedy locally applied, but deleterious from making fresh abrasions a fitting field for the growth of new membranes. The use of strong caustics is to be strongly deprecated. The sulphur treatment is easily used, and is not at all disagreeable to the patient.—*J. A. E. Stuart, in Brit. Med. Jour.*

A Unique Specimen.—Mr. Joseph Bell related, before the Medico-Chirurgical Society of Edinburgh, the case of a girl, aged fourteen, who three months before was supposed to have had a fracture near the wrist-joint. Pronation and supination perfect, but flexion was very painful. She had fallen in the way Colles's fracture is brought about. No distortion, no lateral displacement, only a feeling of projection. The fingers moved only by their intrinsic muscles. The hardness was so localized that he made an incision over it, and pulled out the inch of knitting-needle he now showed them. No one had even suspected its presence.—*Edinburgh Med. Jour.*

Treatment of Puerperal Septicemia.—Dr. A. Baird, of Scotland, recommends Warburg's tincture in puerperal septicemia.
[Quinia is less nauseous and better.]

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE PUBLIC HEALTH ASSOCIATION.

The seventh annual meeting of the American Public Health Association will take place at Nashville on the 18th November and continue till the 21st. Following this the Sanitary Council of the Mississippi Valley will hold a session. The subjects for discussion at the Public Health Association will be as follows:

1. How to deal with a city in the yellow-fever zone in order to prevent the appearance of a first case.
2. How to prevent the importation of a first case.
3. How to deal with a first case, and early cases generally, when in spite of precautions under first and second headings it has made its appearance.
4. The duty of local boards of health, or other health authorities, to report such cases promptly, even though there may be some doubt as to the diagnosis. Whether the knowledge that such reports would be faithfully made would not have a tendency to allay apprehensions and give confidence to other communities while warning them of the importance of making preparations for contingencies.
5. Under what circumstances may it become necessary or expedient to remove the unacclimated portion of the population from an infected place? How may this be effected for the poorer classes of the population, and how should the people thus removed be cared for and supported?
6. Measures for isolating a dangerously-infected place.
7. Organizations for the relief and treatment of the sick in an infected city.
8. Measures for preventing the spread of the disease from an infected place by railroads, including the management of transfer stations.
9. Inspection of steamboats at an infected place and at intermediate stations between the port of departure and their final destination. Should stations of observation be established by the National Board

of Health? If so, what should be their relations to the health authorities of the states within whose territorial limits they may be established?

10. Results of the coöperation and aid given by the National Board of Health to state and municipal boards under the provisions of the act approved 2d of June, 1879. What suggestions may be made to render this system more efficient?

Of course these are points of the utmost vital importance, and of course the American Public Health Association and the Sanitary Council of the Mississippi Valley are or ought to be by long odds the most powerful enemies of disease the country can afford; yet we can not fully believe that the yellow fever is going to get a very black eye in the encounter which is about to take place. And the reason of it is this—that the majority of the members, just as it did last year, is going to discuss, not particularly how yellow fever is going to be controlled, but why it is that yellow fever does not follow certain laws which have been laid down for its control. Nevertheless we have hopes they will come nearer to the mark this year, and especially so because simultaneously with this meeting of the Health Association is a convention of railway men to take into consideration the same question as will come before the sanitary brethren, and we have great faith in the good sense of the men who represent the pocket of the nation.

We note that the venereal question has been posted by the Health Association for early discussion. We trust it will be taken down. One thing at a time. The yellow-fever problem, so far as solution is concerned, is quite virginal in its freshness; and we trust that our friends will continue to hammer at it until at least the cholera comes along.

Original.

ABSCCESS BETWEEN THE RIBS AND COSTAL PLEURA—NECROSIS AND REMOVAL OF RIBS.

TAKEN FROM THE NOTES OF M. KEMPF, M. D.,
BY DR. E. KEMPF.

In No. 15, Vol. I of the LOUISVILLE MEDICAL NEWS I reported a case of removal of necrosed ribs, and also mentioned the present case of Mr. Seidle. As Dr. M. Kempf operated on Mr. Seidle again lately, I report the case in full.

In the fall of 1870 I was requested to visit X. Seidle, a stout lad aged seventeen. The boy had been tending a threshing machine for several days, and the day previous to his illness, after a hard day's labor, he in a scuffling-match was thrown against a sack of wheat, bruising his right side considerably. He slept during the night in a barn on the wheat-straw threshed during the day. The patient's clothes, saturated with perspiration, were not changed. He therefore was thoroughly chilled during the night, and the following day he had a violent attack of sickness. I found the patient somewhat delirious, with a high fever. Pressure on the side which was injured caused considerable pain. I could not detect any fracture of ribs. Auscultation yielded nothing indicating disease either of the lung or the pleura; no cough. Thinking that the patient had an attack of remittent fever, I gave him a dose of Dover's powder and ordered ten grains of quinine with a fraction of morphine every two hours. To his bruised side, which at the time I thought of no consequence, chamomile fomentations were applied. After a week the patient was better, except his side, which was more painful than when he was first taken sick. Being unable to visit the patient, Dr. Buehler took charge of the case for me.

In the spring of 1871 Mr. Seidle came to Ferdinand to place himself under my treatment. The following is a brief history of Mr. Seidle's illness during Dr. B.'s treatment: Three weeks after he had been thrown against the sack of wheat, and after another attack of fever, the bruised part of the chest became swollen. Dr. B. lanced the abscess, and a large quantity of matter escaped. The sore had been running ever since; *i. e.* from the latter part of September to April. Drs. Knapp and Bindewald met me in consultation. On examination we found the affected

side depressed, measuring an inch and a half less than the healthy side. Auscultation revealed a distinct though feeble respiratory murmur; percussion considerable resonance; no cough. The patient was very much emaciated. Over the fourth rib was a ragged opening bathed in foul pus, of which a large quantity daily issued from the wound. Inserting a probe into the fistula, we ascertained that the third and fourth ribs were diseased. The sternal ends of the ribs were sound. Running the probe along the diseased fourth rib toward the spinal column, we found the instrument too short to ascertain the extent of the fistula. A silver catheter was used, and with it we ascertained that the fistula was fully eight inches long and about six inches of the fourth rib were diseased.

We informed Mr. Seidle that nothing but a serious operation would relieve him. Having obtained the patient and his parent's consent, the patient was chloroformed and the following operation performed: The right arm being forcibly drawn backward and held in that position, two incisions were made, one extending from the second rib to the fifth, the other along the fourth rib near the border of the axillary edge of the pectoralis major muscle. The two incisions met on the sternal side of the fistula, forming the letter T. The two rectangular flaps thus mapped out were dissected up and the necrosed ribs exposed. About six inches of the fourth rib, including a small part of its sound portion and about three inches of the third, were removed with the knife, elevator, finger, and Liston's bone-forceps. The wound being thoroughly syringed and the hemorrhage stopped, the edges of the wound were brought in apposition and secured by sutures, excepting two inches at the sternal end; into this, extending along the groove from which the diseased fourth rib had been removed, a slippery-elm tent eight inches in length and one in width was inserted to keep open a proper drain. The tent was removed twice a day and the wound thoroughly cleansed with carbolic-acid water. Anodynes, cod-liver oil, and quinine and lupuline in beer were given internally. Six weeks after the operation the patient was able to lead an active out-door life; and although the wound supplicated for a long time, and small spicula of bone would occasionally escape, he became stout and healthy. Five years after the operation there existed a fistula six inches in length along the groove in which had been situated the removed por-

tion of the third rib, and extending beneath the scapula to some extent.

In the latter part of June, 1878, Mr. Seidle again called upon me. He gave the following history of himself: While building he had used a patent auger. The exertion of the muscles of the chest and arm caused great pain and swelling over his right scapula. On examination I detected fluctuation and that peculiar sensation of touch which denotes an abscess. Thinking that the old trouble had reappeared, I requested a consultation with Drs. Knapp and McMahan. After another examination the consulting physicians agreed with me that an abscess existed above and beneath the scapula, which was very likely due to necrosed ribs. Mr. Seidle at first refused to go through the same terrible ordeal of seven years before, but on our explaining to him that there was no other chance of recovering he at last reluctantly consented to an operation. The patient was chloroformed and the following operation performed: The abscess was opened at the internal angle of the scapula; about a quart of pus escaped. The abscess was thoroughly explored with the finger, and a fistulous tract could be traced toward the front part of the chest. A silver catheter was now inserted and pushed forward until it bulged the skin on the front part of the chest near the right nipple; here a counter excision was made. I again inserted the finger of one hand in the posterior incision and the finger of the other into the anterior. By using a little force the fingers met, but I could find no necrosed ribs; neither could Drs. K. and M. A slippery-elm tent fully twelve inches in length was now inserted, projecting at both openings. The wound was to be washed out two or three times a day. About two weeks afterward the tent was discontinued, and the wound slowly healed.

About three weeks after the operation the patient complained of great pain in the right groin, which increased to such an extent that he could not move. Swelling and tenderness appeared, and in ten days "pointing" was noticed near the great trochanter of the femur. At this place an incision was made, and fully three pints of pus escaped. Whence did this pus come? Did it find its way along the anterior or the posterior surface of the spinal column, from the scapula to the great trochanter of the femur? The closest examination could not trace it along the muscles of the back. The patient recovered, and is now working on a farm.

FERDINAND, IND.

GANGRENOUS PEMPHIGUS.

BY L. P. YANDELL, M. D.

*Professor of Clinical Medicine and Diseases of Children,
University of Louisville.*

On October 26th I was asked to visit Peter Laville, a little bootblack, twelve years old, the child of poor parents. Four days before he had risen and dressed as usual, with the purpose of plying his occupation upon the streets, but complained of feebleness and general discomfort, and soon returned to bed, and toward evening his mind wandered and he slept much. He had at this time on one knee two roundish dark-red superficial sores, which began as blushes, then passed into blisters as large as a half dollar, and eventuated in ichthymos, which were quite dried up when I saw them. For twenty or thirty days the boy had not eaten heartily, and was quieter and paler than usual, but had had no fever or chills and no functional derangement so far as the mother had observed. He had always been sufficiently fed and clothed, had not used bread made of ergoted grain, had not used alcohol to excess—not at all, indeed—and nothing in his history threw any light on the case. I saw the patient at 3 o'clock P. M. His eyes were dull and expressionless and gummed about the corners. His skin was pale, cool, and doughy. His lips and teeth were defiled by sordes. His tongue was dry and harsh. He swayed himself slowly on his bed, from side to side, muttering unintelligibly. Scattered over his trunk and limbs were a score or more of blebs of various sizes, the largest as great as the thumbnail. These were filled with limpid, translucent, or yellowish fluid, according to their age. There were some on the mucous membranes perceptible. The cuticle on the first phalanx of most of the fingers was raised and puffed out by purple vesicles, which were confluent upon several fingers. On three fingers on one hand and on one on the other the bloodblisters extended to the second phalanx; and the fingers were cold, black, and apparently sphacelated. The same was true of several toes. The pulse was feeble, beating one hundred and fifty to the minute. The temperature was 105°. No food had been taken and the bowels had not acted during the illness. His urine was voided involuntarily. A placebo was ordered and death was predicted. The patient sank in six hours after he was seen by me.

Pemphigus is a rare disease, and pemphigus gangrænosus is its rarest form. Eight-

een varieties are enumerated by Erasmus Wilson, and this does not complete the list. It seems that where dermatographers are unable to determine the cause of a disease and are ignorant of its treatment, they amuse themselves by calling it names.

Pemphigus (which simply signifies a blister, a bladder, a bubble) is a cutaneous evidence of hematic poverty or poison, and my experience teaches me may usually be traced to malaria, scrofula, alcohol, or insufficient or bad food. It is sometimes syphilitic, sometimes of typhus or typhoid origin, and sometimes scorbutic. It always signifies a grave condition. The gangrenous is its most rapidly fatal form, and the hemorrhagic is next. The prognosis in almost all cases of pemphigus is unfavorable. It is to be treated internally with reference to its cause, and externally with reference to its local symptoms.

In the case I have described the mother could throw no light upon its origin, as the child was seldom with her, and she is besides a person of low intelligence. From the locality in which the patient lived, near a stagnant canal, and from his appearance, I opine that he was the subject of chronic malarial poisoning, and was of the scrofulous diathesis.

LOUISVILLE.

Correspondence.

To the Editors of the Louisville Medical News:

On September 23, 1878, I was hurriedly called to visit Mrs. B., aged thirty-three, and the mother of four children. I reached the place about 6 o'clock P. M., and on entering the house found the patient surrounded by a number of friends who were engaged in holding her in bed. She was having convulsions in rapid succession, scarcely emerging from one until another was ushered in. The muscles were undergoing the most violent contractions that I ever witnessed, and it was with great difficulty that I could feel the pulse, which I found to be exceedingly rapid. She was foaming at the mouth and rolling her head and seemingly unconscious of every thing going on around her. I made an effort to get her to swallow water, but failed, her jaws being closed like a vise. Upon inquiry her husband informed me that she was taken suddenly while sewing at a machine, and fell to the floor without uttering a word, and was carried to the bed in an unconscious state. I remained with the patient

during the night and administered morphine hypodermically at intervals. The convulsions gradually wore off during the night, and the morning found her in a comatose condition. The breathing was stertorous and gradually decreasing in frequency. The lips presented a cyanotic appearance, and I considered her moribund. There seemed to be no encouragement to undertake to avert impending death. The house being situated near a sluggish stream, I attributed the trouble to malaria. Not being willing to let my patient die without further effort, I concluded to try the effects of an antiperiodic. Having none of the sulphate of quinia with me, I used the sulphate cinchonidia as a substitute, injecting about fifteen grains under the skin during the forenoon. This was soon followed by an amelioration of the symptoms, the skin growing moist and the pulse and respiration improving notably. On the third day from the attack convalescence was established, the patient being now able to swallow with ease and comfort. I continued the cinchonidia combined with iron throughout convalescence; also prescribed chloral hydrate *pro re nata*, to secure rest and sleep. The bowels were regulated by laxatives. Under this treatment improvement continued until she was entirely restored to health, and she has remained well up to the present time.

CHAS. VAN WYE.

NORTH SALEM, LINN COUNTY, MO.

Books and Pamphlets.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, at its Eighty-first Annual Session, held at Baltimore, Md., April, 1879. Baltimore: Maryland Medical Journal Steam Printing-house. 1879.

TRANSACTIONS OF THE TWENTY-SIXTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA, held at Greensborough, May 20, 21, and 22, 1879. Wilmington, N. C.: Jackson & Bell, Printers and Binders. 1879.

PROCEEDINGS OF THE LOUISIANA STATE MEDICAL ASSOCIATION, at its Second Meeting, held in the City of New Orleans, April 9, 10, and 11, 1879, with the Constitution and By-laws. New Orleans: L. Graham, Steam Book and Job Printer. 1879.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS AT ITS FOURTH ANNUAL SESSION. Little Rock: Blocher & Mitchell, State Printers and Binders. 1879.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE AT ITS FORTY-SIXTH ANNUAL MEETING, 1879. Nashville, Tenn.: "The American" Book and Job Rooms. 1879.

THE DRUGGIST AND PAINT AND OIL REVIEW. Chicago, October, 1879. Vol. I, No. 1.

This is a valuable publication to all persons in any way interested in subjects to which it is devoted.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

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Miscellany.

MEDICAL EDUCATION.—Excerpts from the Medical Press and Circular:

The treatment of disease and the alleviation of suffering are the great ends of a doctor; the prevention of disease being really the duty of the public themselves, and yet they throw all the burden of trouble upon their medical men, and obstruct and thwart their health-officers as much as they can. A patient does not call in a medical man in order that the latter may have the opportunity of observing the interesting details of his malady. He likes to see pains taken in his examination, and feels that this is the proper way in which to arrive at an exact knowledge of his ailment; but after all his great aim is to seek cure or relief. In return for his money he wishes to get something which he can regard as "value received." How often he gets nothing of the kind—in fact, how often it would have been wiser to throw the money into a river, and leave his trouble to nature's curative powers—it would be invidious to say. The question may be asked, Is the present form of medical education the best possible to enable a student to be of service to his fellow-men? The gravest possible doubts may be entertained on this subject.

Of course the teacher's duty to his pupil and his school alike is to enable his pupil to pass the requisite examinations for the acquiring of a diploma; and the object held

up to the student's gaze almost invariably is the "pass." A pretty extensive acquaintance with medical men puts us in a position to say that there are in the ranks of our profession a considerable number of men who are simply frauds. They may have got up their anatomy well, and prepared themselves for the performance of grave surgical operations which not one in a hundred will ever have the opportunity of performing, and not one in a thousand is fit to perform when the opportunity comes to him, as all the anatomical minutiae requisite for its successful performance have long since passed out of his memory. He is taught to know the points which indicate a cavity in the lung; but it may be doubted if he is ever taught to look at the phthisical patient's tongue, or to investigate *the condition of his assimilative organs*, upon which, however, *the future of the case essentially turns*. [The italics are ours.] He is instructed how to boil urine in a test-tube; but neither he nor his teachers can in many instances tell whether the albumen, when found, is the indication of serious disease or a mere fact of little or no importance. Again, he finds sugar in the urine, and proceeds at once to diet the patient, and sometimes nearly kills him as the consequence of the treatment adopted. He is crammed to pass an examination, not educated *to think and reason* about actual disease; and he leaves his college with a diploma in his pocket, and learns something of disease at the bedside and at the expense of the people who are so unfortunate as to be his first patients.

It may be questioned very gravely whether the time occupied by a medical education is spent to the greatest advantage or not; whether the student is taught the kind of information best calculated to be of service to him and others in his chosen vocation. Students often bitterly complain that they can not see of what avail certain knowledge, which they must get up for a pass, is to be to them in after life.

Who but an anatomical teacher ever remembers how many bones there are in the wrist, except it be the surgeon who is about to perform an operation upon that joint; to say nothing of being able to discriminate them from each other after he has been five years in practice? Who remembers about the annulus of Vieussens, or ever learns any thing about it afterward, unless his physiological inquiries have interested him in the relations of the vaso-motor nerves of the liver to the occipital portion of the cere-

brum supplied with blood by the vertebral arteries? Students have to grind up the anatomy of the sympathetic nerve; but how many are ever taught to discriminate betwixt primary gastric dyspepsia and the far more common reflex form which is caused by irritation in the ovary or displacement of the uterus? He is taught much about physical signs; can detect a cavity—or more probably persuade himself he can—and a moist râle here and there; but he is profoundly ignorant how to approach the treatment of a case of early phthisis; nor is he ever reminded by the composition of perspiration of the importance of checking the “night-sweats” which drain the body of its salts.

THE MALARIAL GERM DISCOVERED AGAIN. The organisms which, according to our observations, are to be regarded as the true causes of malaria, since they are to be found in the infected liquids obtained by the earth from the air, and by cultivation as in the bodies of infected animals, belong to the genus *bacillus*. In the soil of malarious regions they are found in the form of numerous spores, which have the power of independent motion and strongly refract the light. They have an elongated oval figure and a maximum diameter of 0.95 micromillimeter. They develop either within the body or in cultivating apparatuses into long filaments, which at first are homogeneous. Later on these filaments undergo transverse fission, which converts them into a chain, and in the interior of each link new spores develop. The first formation of these spores is parietal, but finally almost the whole interior of the link becomes filled with these little bodies. This morphological property seems to correspond to a particular species of bacillus, which we propose to call *Bacillus malariae*, since we have seen it develop within the bodies of animals infected by malaria.—*Klebs and Tommasi-Crudeli, in London Practitioner.*

THE BACILLUS MALARIA IS ETERNAL.—It has been found that men who have been in malarious districts will afterward die of malarious fever, although they have never had it while in the district itself. Such occurrences as these are readily explained on the supposition of Lussana that the ague-poison remains circulating, as a rule, in the portal blood, and only occasionally gets into the general circulation. The tendency also of the malarious poison to show itself after long intervals whenever the system becomes

debilitated or diseased, and to give to the disease an intermittent character, is also to be explained upon the supposition that the malarious spores once in the body are never completely destroyed, although their number may be reduced to a minimum; so that whenever the conditions again become favorable for their development and passage into the general circulation, they may make their presence manifest by their action upon the nervous system.—*Ibid.*

ON THE MODUS OPERANDI OF QUININE, EMETICS, AND PURGATIVES IN AGUE.—The quinine, when swallowed, will be absorbed like the spores themselves, and by preventing their multiplication, or actually destroying them, will tend to prevent their getting into the general circulation and there doing mischief. We can understand also the action of quinine as a prophylactic, because if steadily taken, the spores, when swallowed, will find themselves in a fluid unfavorable to their growth, and thus be prevented from multiplying at all. But quinine sometimes does not act, or does not act at all well, unless its action be aided by the use of an emetic or purgative. These remove from the body a quantity of bile, and with it they will probably remove a number of malarious spores, and the multiplication of those which are left may be controlled by means of quinine, although previous to the removal of the bile the quantity of spores contained in the portal circulation was too great to be kept completely under by the quinine. In places where quinine is unknown or can not be readily obtained, as in Morocco, ague is cured by the use of emetics and purgatives alone.—*Ibid.*

OLD, DEAD, THEN HONORED.—In an appreciative notice of the career and inventions of Chassaignac the *Progrès Médical* observes that the fact of how little he was considered by his contemporaries is shown by the circumstance that he failed in seven successive *concours* for the chair of a professor; in fact never entered the faculty, and only gained admission into the Académie de Médecine in his sixty-first year in consequence of the remonstrances of the medical press. It is now plainly seen that the author of the *Traité de Suppuration*, with its outcome of surgical drainage, and the inventor of *pansements par occlusion* and *ecrasement lineaire*, ought to have occupied a very different rank in the surgical hierarchy to that which he attained.—*Med. Times and Gazette.*

COUNTERFEIT EGGS.—The *Allge. Medizin. Cent. Zeitung* quotes the following from the *Neue Preussische Zeitung*: It is well known that in America every thing is counterfeited. The wooden hams and nutmegs sent from the New England States are well remembered. Eggs are now also counterfeited, and this manufactory is carried out upon a large scale. On one side of a large room the reporter saw several large copper vessels filled with a thick glutinous yellow mass, which a man was constantly stirring. This was the yellow of the egg—the yolk. On the opposite side were similar vessels, in which the white was fabricated. The egg-shells were made of a white substance resembling plaster of Paris, by means of a blow-pipe, just as soap-bubbles are blown. After being dried in an oven the egg-shells were filled, first with artificial albumen, then with some of the artificial yolk, and lastly with a little of the artificial albumen. The small opening at the end of the egg was closed with white cement; and the greatest achievement of modern civilization, the artificial egg, was ready. In appearance it resembled a natural egg; but, whether raw or cooked, it was indigestible and injurious to health.—*British Med. Jour.*

BULLET IN THE BLADDER.—Dr. Staton reports, in the *Maryland Medical Journal* for October, the case of a Confederate soldier who was wounded in the bladder in 1865, the ball remaining in the bladder until removed by Dr. Staton, thirteen years afterward. In the mean time the patient's sufferings were frequent and excruciating and his general health wretched. The operation was followed by extremely unfavorable symptoms, and upon the third day death seemed near at hand. Two drams of brandy were hypodermically injected, and soon afterward an ounce and a half of blood was transfused into the femoral artery by means of a large hypodermic syringe. Heat was also applied to the cold extremities. After the transfusion the pulse, which had become imperceptible, could be distinctly felt. The patient got three hours' uninterrupted sleep, and on awakening stated that he had been dreaming of chicken-broth, and expressed a desire for some. It was, of course, quickly prepared for him. He described himself as feeling "as if he were turning around very rapidly." The transfusion was done late at night, and a venerable barnyard fowl furnished both the blood for the circulation and the broth for the stomach.

Whether it was the brandy or the hen's blood that did the good is an open question; but may be, after all, we must look to the feathered bipeds as the proper source of sanguineous fluid for transfusion into the featherless bipeds.

DISPUTED WILLS.—Dr. Legrand du Saulle has lately published a book called *Medico-legal Studies on Disputed Wills*, from which we take the following curious incident: The will of Louis Cortusio, a lawyer in Padua who lived in the fifteenth century, is one of the most original in existence. He forbids all his relatives and friends to weep at his burial. He who will persist in weeping shall be disinherited, while he who will laugh heartily shall be his principal heir or universal legatee. He forbids to put up any black draperies in the house in which he shall die, as well as in the church where he is to be buried. Both must be decorated with flowers and green branches on the day of his funeral. There must be no ringing of bells, but gay music. All the musicians of the town shall be asked to his funeral; they are to walk with the clergy, making the air resound with their instruments, and singing Hallelujah as if it were Easter-day. The bier which contains his body is to be covered with bright and many-colored cloth, and borne on the shoulders of twelve maidens of an age to be married, who must be dressed in green and sing many songs. The executor of the will must see that all these formalities are fulfilled in their least details; if not, the testament will be declared void. The relatives of deceased protested against the will, but it was declared valid.—*British Medical Journal*.

THE ETIOLOGY OF TYPHOID FEVER.—For a long time I have been fully convinced of the spontaneous origin of typhoid fever. For fifteen out of twenty years the inmates of my house drank contaminated water; and in August and September, when the water became low in the well, it was at times so bad we could not drink it; yet we had no typhoid fever.—*Mr. W. E. Porter, in Medical Times and Gazette*.

[Is a man who drinks and allows his family to drink filthy water for twenty years fit to be followed in any medical matter? Were we not too tender hearted to say something severe, we should say that such a man is either an idiot, a lunatic, or a brute.]

DR. SIMS has returned to New York.

REFILLING OF PRESCRIPTIONS.—If any physician practicing medicine in this state shall write or cause to be printed on any prescription the words "No duplicate," any druggist, apothecary, or vender of medicines who shall duplicate a prescription so written or printed on, without the consent of the physician writing the prescription, shall, upon conviction thereof, be subject of a fine of ten dollars for each and every offense, together with all the costs of suit.—*Wisconsin Medical Act.*

[We wish this law prevailed in Louisville. Here one prescription, gotten on credit and often not paid for, is used by an individual or a family indefinitely, and besides is often loaned to friends and relatives. It is pleasant to know, however, that the modest and moderate-charging druggist gets his little hundred per cent or more profit every time the R is filled.]

THE RUSSIAN PLAGUE.—Drs. Hirsch and Summerbrodt, of the German commission to study the Russian plague in Astrachan, have lately reported to the Berlin Medical Society the result of their investigations. The doctors, priests, and nurses having all succumbed to the pestilence, it was impossible to gain any reliable information from eye-witnesses of the disease. All that the commission seems to have learned is that there is a severe and a mild form of the plague, that it is impossible to discover its cause, and that treatment is of no avail. Like yellow fever, it is yet a mystery. Of course the investigators have theories, but our printer's time and ink are too valuable to be used in recording them.

A CASE of popliteal aneurism, in which pulsation returned twice after consolidation by flexion and the ligature respectively, and was eventually and spontaneously cured, is reported by Rushton Parker, M. B., B. S., etc., in London Lancet.

BRIDES WATER.—The water of Brides is very highly recommended by M. Philbert in the treatment of obesity. Brides is the name of a spring in Savoy.

THOSE AWFUL GERMS.—The Med. Times and Gazette says: "Speaking of the carbon used as a filtering medium in the Royal Navy, Major Crease points out that it has one disadvantage, namely, instead of clearing out it rather affords to water passed through it materials which assist in the development of some of the lower organisms.

Selections.

Meniere's Disease.—1. In a general sense of the word the name of Menière's disease may be applied to all cases of vertigo which are caused by an abnormal irritation of the nerves of the semi-circular canals. The irritation may be produced either by an exaggerated normal cause, *e. g.* violent rotatory movements of the head or of the whole body, or by an abnormal cause, *e. g.* a sudden change of temperature (especially when passing from a higher to a lower temperature), variations in the intra-tympanic pressure, disturbances in the circulation, or inflammation.

2. In a more restricted sense the name of Menière's disease is applied to cases where the vertigo is caused by an inflammatory condition either of the semi-circular ducts or of the middle ear. The vertigo may either be persistent or simply caused momentarily by normal movements of the head. In some cases it appears periodically under the form of a fit, at intervals of weeks or even months.

3. Exposure to colds and catarrhs of the tympanic cavity play a prominent part in the etiology of Menière's disease.

4. The majority if not all cases of Menière's disease are of secondary nature; *i. e.* they are caused by catarrhs or inflammations of the tympanic or mastoid cavity.

5. In typical cases the vertigo is preceded or accompanied by rotatory sensations which follow a certain order. The attack begins by a sensation of rotation around a vertical axis. The rotation invariably takes place on the affected side. Sometimes it is combined with a sensation of swinging backward and forward. In more serious cases the feeling is that of rotating round a horizontal axis, both backward and forward. Finally the vertigo becomes general, and the patient loses consciousness and falls down; he often vomits in such cases. Sometimes the attack is over in from ten to thirty minutes; in other cases it is called forth by a simple movement of the head during one or two days following the first attack, and the patient is obliged to lie perfectly still in order to avoid them.

6. In some cases the rotatory sensations may be caused experimentally by certain therapeutic agents; *e. g.* by the insufflation of air into the tympanic cavity in cases of acute inflammation of the latter, or by the injection of fluids into the mastoid cavity when the mastoid process has been perforated. In these cases the rotatory sensation always takes place round a vertical axis and in the direction of the affected organ.

7. In some cases the attacks are accompanied by loud noises in the ear; in other cases there is a constant slight buzzing noise, which does not increase in strength during the attack; sometimes there is no sound at all.

8. In cases of long standing a slight feeling of vertigo persists even during the free intervals, and seems to be caused by the first movements of the head after awaking from sleep. Sometimes the patient feels as if he were going to fall either backward or forward. Other patients are obliged to keep the head fixed in a certain position, because every movement that takes place in the plane of one of the semicircular ducts is accompanied by a sensation of a heavy body rolling in the same direction. (In a typical case which came under the speaker's observation the patient held his head inclined forward and to the left,

corresponding to the plane of the left sagittal duct. The left ear was affected in this case.)

9. Menière's disease is frequently complicated with hysteria. It is also apt to produce in children a condition not unlike chorea, and in adults clonic contractions of the muscles of the face and body. These often disappear entirely after a local treatment of the middle ear.

10. In some cases patients after recovering from Menière's disease have lost the faculty of hearing.

11. Highly satisfactory results have often been obtained by local treatment, even in inveterate cases.

12. Professor Charcot has strongly recommended the use of quinine in the internal treatment of the affection, as it frequently wards off the attacks. In some cases where the inner ear is affected it has been observed that the use of quinine has been followed by increasing deafness, while the singing in the ear vanishes. This effect generally only lasts as long as the drug is used.—*Dr. Guye (Amsterdam), in British Medical Journal.*

Jamaica Dogwood (*Piscidia Erythrina*).—This drug is now for the first time placed before the medical profession of the United States for trial as to its general merits as a narcotic and antispasmodic, but more especially as a substitute for opium as an anodyne. We particularly request physicians to test it carefully in practice and report results for publication in the medical press.

According to Prof. Fernando Altamarano, M. D., of Mexico, experiments upon animals have demonstrated the power of this drug, in large doses, to produce prompt paralysis of the motor nerves, while it does not affect the great centers of innervation (cerebellum and medulla), the great sympathetic nerve, or the smooth or non-striated muscular fiber. Neither does it affect the seat of intelligence, the heart-rhythm, the temperature, or peristaltic action. In the opinion of Prof. Altamarano *piscidia* is indicated in the following affections: writers' cramp, chorea, tetanus, poisoning by strychnia, puerperal eclampsia, convulsions in children, epilepsy, hydrophobia, and angina pectoris.

Dr. William Hamilton, of Plymouth, England, in a communication to the Pharmaceutical Journal, speaks of this plant as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. He had noticed, when resident in the West Indies, the use of the bark of the root in the taking of fish, upon which, even when of a large size, it exercised a very strong narcotic effect. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally, but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. The bark of the root, to be effectual, should be gathered during the period of inflorescence in April. When chewed it has an unpleasant acrimony like that of the mezereon. It yields its virtues to alcohol, but not to water. The formula employed by him in preparing the tincture was to macerate an ounce of the bark, in coarse powder, in four fluid-ounces of rectified spirits, for twenty-four hours, and then to filter. The dose is a fluid-dram. He first tried it on himself when laboring under severe toothache, taking the quantity mentioned in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awak-

ing he was quite free from pain and without the unpleasant sensations which follow a dose of opium.

Dr. Hansen, of Jamaica, writes concerning this drug as follows: "In Brazil the bark of *piscidia erythrina*, as well as that of *erythrina corallodendron*, is extensively used under the name of *mulungû* or *murungû*. (I quote from *Dictionnaire de Botanique Brasileira*.)"

At present no one denies that the *mulungû* has an established reputation as a nervous sedative; it is applied by all the faculties, which proves that its therapeutical reputation is merited and confirmed. With us it is not only applied externally in lotions, but internally as well. Its action seems to be over the nerve-centers; it causes sleep without producing the cerebral hyperemia which succeeds opium and the active principles extracted therefrom. The sleep is tranquil and refreshing. It soothes bronchial cough and moderates the paroxysm in asthma and nervous coughs. It has also been pronounced an excellent remedy against chronic hepatitis and obstructions of the liver.—*New Preparations, Detroit.*

The New Treatment of Stone.—There has perhaps been no greater revolution in any department of surgery in a brief space of time than that which has occurred during the past two years in the management of stone in the bladder. When lithotritry was first introduced it was thought that the dangers and terrors of lithotomy were to be a thing of the past, a memory of the Middle Ages; but gradually it was discovered that this operation was also not without its sufferings and dangers, and many ingenious instruments and much skill and practice were employed to reduce these to a minimum. The perfection of the modern lithotritist was supposed to have been realized in that distinguished London surgeon, Sir Henry Thompson. Here was the man who could count his cases by the hundreds, whose delicate touch with an instrument of his own device was supposed to have conquered that dread sequel of the operation, cystitis, if it was within the limits of human skill and ingenuity to accomplish it. The accumulation of a few great surgeons in the English metropolis made it possible to collect valuable statistics on the different modes of operating—to compare the old with the new, lithotomy with lithotritry. An inventory was accordingly taken some two years since, when, alas! for modern science, the prestige of the latter operation was evidently about to wane. In vain had Sir Henry perfected himself in his art, in vain had he reduced the manipulation of the bladder to an almost incredibly brief space of time; many of his colleagues, led by Sir James Paget, were about to tender their allegiance once more to lithotomy. It was interesting to those whose privilege it was to witness the experiments quietly going on in this country at that time to watch the ebb and flow of the discussion, and to note with no small satisfaction how thoroughly each master stood committed to his own favorite procedure. As lithotritry was on the point of being abandoned, the key to the problem was discovered in the new operation which Dr. Bigelow has given us, rising, as it were, from the very ashes of the old. The establishment of the principle that the dangers of lithotritry were due to sharp fragments and decomposable *débris*, and not to the use of instruments, was a genuine and valuable discovery. A few years ago Mr. Clover invented a syringe to remove the sand left by the lithotrite, but the diameter of his tube did not permit fragments of even moderate size to pass,

and its employment produced therefore no modification in the operation of lithotripsy. The large tubes of a size supposed impracticable before Otis had shown the capacity of the human urethra, and the evacuating apparatus devised by Dr. Bigelow first made a thorough emptying of the bladder possible. Here then was an operation which rids the bladder of a stone as thoroughly as a lithotomy, but leaves no wound behind it.

Dr. Bigelow's new lithotrite is a valuable instrument, but should not be regarded as an inseparable part of his method. The ball-handle, the locking of the screw by a turn of the wrist, the rectangular blades, and the peculiar construction of the jaws to prevent impaction of fragments are great improvements, as is also its size, which enables the operator to crush the hardest as well as the largest stone. This instrument without the essential features of "rapid lithotripsy with evacuation," however, would not have saved the traditional operation of lithotripsy.—*Boston Medical and Surgical Journal*.

Treatment of Intertrigo in Children.—Dr. A. Wertheimer (*Deutsches Archiv f. Clin. Med.*) divides the indications for treatment in these cases into two: first, to allay the cause; second, to heal the existing lesions. In speaking of the first, he mentions especially the good effect, in cases accompanying dyspeptic diarrhea, of adding to the milk a not-too-thick solution of barley-water—in the first two months about three to one, then to the fifth month two to one, and later equal parts. For cleansing he used the ordinary baby-powder, or, when the surface is excoriated, a decoction of bran, not to be dried off. The usual zinc and lead salves he regards as harmful, and for fresh cases praises Hebra's ung. diachylon, while for more severe cases he always uses corrosive sublimate, which he finds always successful in the shortest time. He applies on cloths a solution of one grain to four ounces of water, applying fresh cloths three or four times a day, and letting them remain on for about an hour each time, or even keeping them continuously applied. He has never seen any evil effects from absorption of the sublimate.—*J. F., in American Journal of Obstetrics*.

Fucus Vesiculosus.—A medical man in this town has lost eight pounds in three weeks, one and a half pounds in the next three weeks, and after twelve weeks found himself thirteen pounds lighter. It is only fair to say that he strictly dieted himself, avoiding butter, sugar, beer, etc.; but this treatment he had tried by itself before without noticing much difference in his weight. In another case a gentleman lost eight pounds in six weeks without any change of his diet. A lady lost more than twenty pounds in nine weeks, also without any particular change of diet. The above all took the fluid-extract, and found no ill effects on the general health. I can hear no complaints of diarrhea, excessive micturition, nor smelling or sweating of the feet.—*Dr. Fairbank, in British Med. Jour.*

Imitation of Amber.—Lately a composition has been produced so closely resembling amber that it can hardly be told from the genuine article, as it also possesses the property of becoming electric by friction. This imitation is made from copal, camphor, turpentine, etc. In value it compares with the true amber as one to twenty. Peddlers especially sell as true amber goods made of this composition.—*Pharm. Zeitschr für Russland*.

Puerperal Fever treated by Benzoate of Soda.—Dr. Lehnebach writes, in the *Allgemeine Medicin. Central-Zeitung* that in February last six cases of puerperal fever came under his care. In these cases artificial interference had been necessary, and all the women were under the care of a very skillful and careful midwife. The source of infection could not be discovered. Three other women, under the charge of another midwife, in whom Dr. Lehnebach was called on to complete delivery by artificial means (one being a difficult forceps case), were not affected. Of the six cases of puerperal fever, two (a primipara and a pluripara) died in a few days in spite of the energetic use of quinine and wine. The symptoms were highly febrile, the temperature in the first case exceeding 109° F. He was hence led to try, in the remaining four cases, benzoate of soda, as recommended by Klebs and Letzerich. The result was so remarkable that he believes that if his experience be confirmed by that of others benzoate of soda will be as much a specific in puerperal fever as salicylic acid is in acute rheumatism. Of the four patients in question two were primiparæ and two pluriparæ. In the cases of the primiparæ he was twice obliged to administer fifteen-grain doses of hydrochlorate of quinine along with the benzoate of soda, as the temperature rose to 105° F. soon after labor. The action of the quinine was much more decisive than in the fatal cases, where he had given half a dram; the temperature fell from 106° to 100.4° F. Moreover, the quinine when given with the benzoate did not produce nausea, whereas in one of the cases it was almost immediately ejected by vomiting when given alone. Except in one case the temperature did not again rise above 102.75° F. Dr. Lehnebach says also that he has had much success in the treatment of gastric catarrh in children, and of diphtheria, from the use of benzoate of soda, administered in the latter disease both locally and internally.—*British Medical Journal*.

Messrs. Cole & Sons, the well-known manufacturers of pathological specimens for the microscope, have prepared a new series of organic aromatic bodies derived from the coal tar, crystallized for the micro-polariscope and paraboloid. They may be taken as a good exercise for philologists and phonologists. The following is the list: Metanitriline, paranitriline, sulphanilic acid, calcic sulphanilate, diphenylamine, diphenylnitrosamine, mononitrodiphenylnitrosamine, orthodinitrodiphenylamine, paradinitrodiphenylamine, dibromodinitrodiphenylamine, dimethylamidoazobenzene, diphenylthiourea, tropæoline, picramic acid, dinitrobenzene, diacetylphenylenediamine, paranitrotoluol, phthalic acid, phthalimide, naphthalenetetrachloride, diimidonaphtol, tropæoline, anthracene, anthraquinone.—*Med. Press and Circular*.

Hyposulphite of Soda as a Specific in Zymotic Disease.—There can be no doubt that we have in the hyposulphite of soda one of the most valuable remedies for a large class of fungoid diseases (tinea, etc.), also many varieties of zymotic affections. It is also a potent remedy in certain intractable acute and chronic ulcers, whose origin and continuance seem due to some local irritant of a fungoid or bacteroid nature. From the vast number and varied class of diseases over which it exercises a controlling influence, it is destined to hold the first position as a specific in our pharmacopeia.—*Bingham Crowther, L. R. C. P., London, in the Lancet*.

A case of deficiency of the diaphragm in a new-born infant is reported in the *London Lancet* by H. St. C. Carruthers, L. R. C. P., etc., Surgeon in Madras Army. It was born July 18th. It was branded with a hot iron on the third day, as is usual among natives. On July 26th the mother, taking the child, returned to her own home. Just before the child's death, which occurred at 7 P. M. on July 29th, she gave it the breast. It made two or three efforts to suck, vomited (the fluid passing through its nose and mouth), and died in her arms. A post mortem was made at 5:30 on the 30th. Body and wrists were scarred by the irons; no signs of violence; no post-mortem rigidity. On opening the head the vessels were found congested. Nothing else worthy of note. On opening the chest the left lung was found to be pushed upward and backward; its lower part barely reached to the middle of the sternum. The upper lobe was quite solid and sank in water. The heart was pushed over to the right side, and all its cavities were full of dark clot. The development was normal. The right lung was also pushed upward and backward, and there were patches of it that were unexpanded.

The cause of all this displacement was a mass of intestines, measuring altogether eleven feet and one inch in length, and consisting of the whole small and seven inches of the large gut. It had made its way into the cavity of the chest through an opening caused by the defective development of the diaphragm, which was entirely wanting on the left side at the back. There were no signs of strangulation or inflammation, but the entire mass was enveloped in a delicate and transparent membrane, that formed a sort of bag.

Coto Bark in the Diarrhea of Phthisis.—Dr. J. Burney Yeo, in *London Practitioner*:

It is now more than two years ago that my friend Dr. Frank, of Cannes, suggested to me the use of coto bark in the treatment of the graver forms of diarrhea which occur in the course of phthisis. Whatever difference of opinion may exist as to the desirability of attempting to arrest the less severe forms of diarrhea which we encounter in early phthisis, no one can doubt the value of a remedy which will help us to control the grave and exhausting attacks of diarrhea which occur in its more advanced stages. I am persuaded that we possess such a remedy in coto bark; and I express this opinion with all the more confidence because it has not been arrived at hastily, but represents the observation and experience of more than two years.

During this period I have given it in many cases of apparently uncontrollable diarrhea—that is to say, cases of diarrhea which were not controlled by the ordinary remedies; such, for example, as opium, bismuth, tannin, ipecacuanha, etc.—and I have found it almost invariably have the effect of arresting the intestinal flux and of relieving intestinal pain and irritation in a very short time. I say “almost” invariably, for when I first gave it I found no such good result, and upon inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it, blended with the *mistura cretæ* of the pharmacopeia. It is deserving of notice that when given in both these forms it appeared inert; and one might have been induced to hastily discard it as a drug without remedial value.

This is probably the fate of many valuable medicines which appear to fail, not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that the fluid extract contained a resinous element which was precipitated in tough masses when the extract was carelessly mixed with water, I had the following mixture carefully prepared: Fluid extract of coto, sixty minims; compound tincture of cardamoms, sixty minims; mix these together and triturate them slowly with three drams mucilage of acacia and two drams of simple syrup; finally add six ounces of water. A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not unpleasantly warm and aromatic taste. I have usually found two or three doses of this mixture to arrest or check the severest forms of phthisical diarrhea.

The bark is imported from Bolivia, South America, and the preparation I have used is the fluid extract prepared by Ferris & Co., of Bristol. The dose is from five to eight minims. An alkaloid *cotoïn* has been prepared from the bark, and is reported to have the same valuable properties as the extract of the bark itself; but of that I have no personal knowledge.

I may add that I suggested its use in a case of exhaustive and uncontrollable diarrhea in one of the graver forms of exophthalmic goitre which I saw in consultation with my friend Dr. Channing Pearse, of Brixton; and he has since informed me that it not only arrested the diarrhea, but also appeared to have a remarkable influence in allaying the distressing nervous phenomena associated with the case. I am quite sure that coto bark is a valuable remedy which ought rapidly to come into general use.

[Messrs. Parke, Davis & Co. introduced the coto bark, and prepare a fluid extract of it.]

Murderous Medicine.—A Vienna correspondent of the *Canada Medical and Surgical Journal* gives some statistics in proof of the recent assertion that the modern treatment of disease in Germany is deteriorating. In Bamberger's clinic of twenty-seven cases of pneumonia seventeen died; twenty-four per cent of all cases of typhoid fever die, and facial erysipelas is “frequently fatal.”—*Boston Medical and Surgical Journal*.

[Without any treatment the results would have been far better than these, and with proper treatment in the pneumonias and erysipelas many lives could have been saved.]

A case of traumatic tetanus treated by hypodermic injection of atropine, with recovery, is reported in the *Lancet* by Mr. Jas. Adams. Mr. Adams concludes as follows: “It is very difficult to say how much the atropine had to do with the recovery. Although not one of the most acute cases, it was undoubtedly one of considerable severity, and at the outset an unfavorable prognosis was given; still it is quite possible that recovery might have occurred, as in cases of chronic tetanus, independent of treatment. Upon the other hand, the patient, when not delirious, always expressed himself as being relieved by the injections, and those in immediate attendance upon him reported him as being generally quieted by them for a short time.” The atropine treatment, hitherto but rarely used, seems at least worthy of more extended trial, and Mr. Adams suggests that it should be pushed till symptoms of poisoning are produced.

Diuretics.—Dr. Maurel, a naval surgeon, communicated a paper to the Société de Thérapeutique (*Jour. de Thérap.*) giving an account of a number of careful experiments which he had performed on healthy individuals in order to ascertain and compare the effects of various reputed diuretics. His general conclusion is that the practitioner can rely only upon three of the diuretics among those which have been under investigation; namely, chlorate of potash, salicylate of soda, and digitalis; the first two even of these having but a feeble activity. The other medicinal substances reputed as diuretics—nitrate and acetate of potash, iodide of potassium, squill, and colchicum—are either devoid of action or produce effects of no importance. The reporter, commenting upon this conclusion, observes that he can not agree with it, having no doubt that nitrate and acetate of potash and squill are energetic diuretics, from what he has observed when they have been employed in suitable cases. The indication for their employment is the point of importance. If, in place of experimenting upon healthy men, Dr. Maurel had given some of these diuretics, which he accuses of inertia, to subjects infiltrated with serosity, and having abundant collections of water (collections whence the circulation might largely draw to produce abundant diuresis), he would have been less positive in his conclusions, and would have admitted that these substances are excellent diuretics in certain cases of dropsy, when there are no hyperemic or inflammatory lesions of the kidneys. The reporter terminates with a remark which is often lost sight of by those who are content to draw their conclusions solely from experiments on healthy men and animals. If, he observes, the study of medicinal agents, etc., on healthy men has its great value, it does not suffice for giving a complete measure of their therapeutical power. It is still essentially necessary that clinical observation should intervene in order to obtain a complete history of these substances.—*Med. Times and Gazette*.

Gelseminum as a Poison.—1. In spite of a case described some time ago in which seventy-five minims proved fatal, a healthy adult may take as much as ninety minims with perfect immunity. 2. In doses of from ninety to one hundred and twenty minims the drug acts apparently as a motor paralyzer to a certain extent, causing languor, giddiness, and a partial paralysis of the ciliary muscle. 3. After that point it causes headache, with diarrhea and extreme lassitude. 4. The system may learn to tolerate gelseminum, as it may opium, if it be gradually inured to it. I feel convinced that I could have taken as much as half an ounce of the tincture, had it not been for the extreme diarrhea it brought on.—*Corresp. Brit. Med. Jour.*

Pitch Ointment in the Treatment of Hemorrhoids.—A writer in The Practitioner praises very highly the use of common pitch ointment as a remedy for what he calls chronic hemorrhoids. It often prevents the necessity of operative procedure. Its astringent effect is something remarkable, and nothing, he says, acts so quickly and effectually. With it may be used a euönymin pill at night and Carlsbad salts in the morning. It may be remarked that hemorrhoids are never long without a new specific. A little while ago it was glycerine; then it was witch-hazel; then carbolic acid injections; and now we have the unguentum picis.—*New York Med. Jour.*

[This is an old Indian remedy. We have heard of remarkable results from its use.]

Treatment of the Ephelides of Pregnancy by Chrysophanic Acid.—Chrysophanic acid has been used with considerable success by Neumann and Braun in those pigmentary patches which appear on the skin during pregnancy. The acid has an irritant action on the skin similar to that of nitrate of silver and other topical remedies, under the influence of which the epithelial and subepithelial layers are destroyed, and the pigmentation disappears and does not return. The irritation excited should only be sufficient to cause the disappearance of the spots; but it is sometimes difficult to limit it to this, owing to the very variable susceptibility of the skin to the action of the acid. The parts should be well washed with soap and water, and the following ointment applied without friction: Acid chrysophanic, one gram; lard, forty grams. The salve is spread on a rag and applied to the affected part, care being taken not to allow it to spread further than the discolored spot. Ordinarily friction may be used three or four times at two days' interval; but it is necessary to watch the skin, and if much swelling appear the frictions should be stopped. The application of the ointment is followed by swelling and moderate burning; the parts become red, and then black, then desquamation takes place, and the spots disappear.—*New York Medical Record*.

Influence of Medicinal Agents on the Fetus.—Dr. Kubassow reported to the St. Petersburg Medical Society the results of some experiments which he had performed. In three instances a dram of chloroform, and in six from a scruple to half a dram of chloral hydrate was administered as an enema to the woman in labor, sometimes in a single dose and at others in several times. They were as follows: 1. Both substances given in medium doses exert a decided effect on the fetus. 2. Both appear to act in a similar manner. 3. At first a stimulant effect is produced, as shown in the more active movements of the child and the increase in force and rapidity of the action of the heart. Later this action becomes less forcible and slower, and the movements of the child are exerted less readily. 4. The effect is induced rapidly, viz. in five, or at latest ten minutes. 5. Chloral acts more rapidly and forcibly than chloroform, even when chloroform narcosis is produced. 6. Chloroform can always be detected in the blood of the funis. 7. After injection of chloral a slight excitement is also produced in the mother, which is followed in two or three hours by a diminution of temperature.—*St. Petersburg Med. Woch.*

Infantile Diarrhea.—Mr. Budd states that according to his observations diarrhea hardly ever takes place among infants fed on condensed milk. This too I have noticed; and I consider that the small quantity of malt extract it contains, as well as the sugar of milk—to which is assigned by Mr. Budd the prevention of its turning sour—renders it so efficacious as a prophylactic, as it is thus so very nearly approximated in its constituents to the infant's natural food.—*Wm. G. Laing, L. S. A., in British Medical Journal*.

Rapid Cure of Coryza.—Rodolfe claims that a fresh case of coryza may be cut short within an hour by chewing one or two dried eucalyptus leaves, and swallowing the exceedingly bitter and aromatic saliva. In chronic cases it has no effect.—*St. Petersburg Med. Woch.*

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"NEC TENUI PENNA."

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE Anderson News, published in the interior of the state, relates that last spring a celebrated "Indian Doctor," of Fox Creek, employed a farmer of the neighborhood to plant and cultivate one acre of ground in small gourds, which he promised to buy at two cents apiece. He wanted them to put his medicines in. "The result of the contract," says the News, "is that the notorious Indian doctor has skipped out for parts unknown, leaving the farmer with 17,000 gourds, which according to contract would have brought him \$340."

The Indian Healer was evidently no routine, and no doubt required several hundred receptacles for his wondrous roots and herbs; but 17,000! That were enough certainly to appall the soul of the most vegetable. Yet do you know that these 17,000 gourds may yet find a market and for separate medicines, if it should become fashionable to put medicines in such receptacles? The day of polypharmacy has come again, not in the way of half-yard mixtures, but in remedies and preparations innumerable. Let us at least hope that the elixir of life lies somewhere among them.

OF course we wish success to every attempt at advancing the standard of medical education; but we could not help smiling when, in the St. Louis Clinical Record, the new "College of Physicians and Surgeons" throws down its glove against the low-basis sinners, and the printer heads the article "A CHALLENGE."

VOL. VIII.—No. 19

THE last number of the American Medical Bi-Weekly states that its editor, Dr. E. S. Gaillard, having resigned his chair in the Louisville Medical College, will remove to New York, whither he will take his two publications, the Bi-Weekly and the Richmond and Louisville Medical Journal. Louisville is thus reduced to three medical journals, and New York goes up to a dozen.

THE Detroit Medical College has announced that with the sessions of 1880-81 a preliminary examination will be required of students. It will also require of candidates for the degree of M. D. three regular terms of systematic study, with final examination at the end of each term upon the studies of that term. The "advanced standard" is evidently having its "boom," and promises to sweep the country.

THERE is an item going the rounds of the newspaper press concerning a showman who was killed by a boa-constrictor, which is of surgical as well as painful interest. It was a part of the exhibition for the snake to wrap itself around the man. Upon this occasion, having done so, instead of loosing its keeper, the animal crushed him after its peculiar fashion. When at length the constrictor was induced to uncoil itself by the offer of a bowl of milk, the dead body of the man was recovered, and upon examination eighty-seven fractures were discovered. Whether the statement be true or false does not appear, but the item is preserved as a basis of statistics in boa-constrictor fractures.

Original.

SIMPLE PERFECTED TEST FOR SUGAR.

BY L. S. OPPENHEIMER, M. D.

Demonstrator of Histology in the University of Louisville.

Heretofore in this country the favorite qualitative test for grape sugar in the urine has been the Trommer test; after this, as qualitative and quantitative, Fehling's test and the fermentation test. Besides these there are a number of others equally as good, but not so universally applied. These are Heller's, More's, Böttger's, Frohn's, Piffard's, and Haynes's. It is to this latter that I owe the suggestion that led me to perfect the sugar-test as here offered. The objections to Haynes's test are that it is not a quantitative test, and that the copper is precipitated after standing a short time. Of all the tests Trommer's is the least reliable, and Fehling's the most. The only objection to the latter is its liability to alteration. Professor Flint, jr., keeps the various constituents of Fehling's solution in separate bottles; but this, he says, does not prevent the serious decomposition of the solution of neutral tartrate of potash. Besides this the copper solution is apt to undergo change and precipitate some oxide. Another disadvantage of all of the above tests, except Frohn's, is the impossibility of finding sugar if albumen be present or if the urine be ammoniacal. None of these are obstacles to the qualitative application of my test, which is simply a solution of copper sulphate in pure glycerine in this proportion:

Pure sulphate-of-copper crystals... grs. 50;
Pure glycerine..... oz. I.

This equals six and a quarter grains copper to one dram of glycerine, and this will reduce one grain of grape sugar in the presence of a caustic alkali. The glycerine protects the copper from the action of the caustic alkali, and as well from the various constituents of the urine. The copper crystals must be thoroughly triturated with the glycerine in a mortar, and kept in a clean glass-stoppered bottle.

Qualitative Test.—Two or three drops are dropped into a small test-tube, and about a half dram of officinal liquor potassa added, and the whole shaken till the resulting precipitate is dissolved. The solution will then be of a dark-blue color. It is then boiled and a few drops of urine dropped into the tube, and again boiled for a minute or two.

If sugar be present in considerable quantity, the fluid will suddenly become opaque, and prolonged boiling will turn it by rapid degrees to a canary or brownish yellow; and upon cooling the yellow or brown cuprous oxide will be found in the bottom of the tube. During the test, however, the attention must be kept on the fluid itself, not on the precipitate. Ammoniacal or albuminous urine will not interfere with this reaction, if a drop or two of a weak solution of bichromate of potash be added before testing. If only small quantities of sugar be present, more urine must be added. If no copper oxide be precipitated, or if the mixture does not turn to a definite yellow, not a dirty-green color, after adding an equal volume of urine with the test-liquid and boiling, no sugar is present.

Precautions.—The precipitate of cuprous oxide is granular, not flaky; and the precipitation of the whitish, grayish, or brownish flocculi of phosphates, which always occurs in alkalized urine, should never be mistaken for the dense, opaque, yellowish urine containing cuprous oxide, or the bright, heavy, granular yellowish or brownish precipitate of the same.

Quantitative Test.—One dram of the test-fluid (= six and a fourth grains cupr. sulph.) is measured into a flask, and about two drams of liq. potas. and an equal amount of water added. This is either put upon the stove or over a lamp, the flask resting on wire gauze or a tin plate. If the urine contain much sugar (as indicated by the qualitative test), it should be diluted with a measured quantity of water, as in Fehling's test; if only a small quantity is present, no dilution is required. The measured urine—let us say one half ounce—and the diluting agent—say one and a half ounces, making two ounces in all—are dropped from a graduated tube or glass into the test-fluid and brought to the boiling-point, a few drops being added at a time, and after boiling a few moments allowed to settle for a few seconds. This is continued till the opaque brownish mixture becomes yellow. The urine is then more carefully dropped, and the fluid allowed to cool a little after each boiling, till a ring of clear fluid shows itself at the surface, showing that the whole of the copper has been oxidized and is rapidly precipitating as yellowish or reddish brown cuprous oxide. This precipitate is thrown down in the first part of the examination, and increases as the reaction is continued. This decolorization terminates the process. One grain of sugar has

been neutralized. Then read off the graduate how much fluid has been used. Let us suppose six drams were used. One fourth of this (one and a half drams) was urine. We therefore have one grain of sugar in one and a half drams of the urine.

If the examiner have no flask, a small morphine- or quinine-bottle will answer perfectly, only half the quantity (half a dram) of the test-liquid being used if a small bottle be taken; this neutralizes, of course, only a half grain of sugar. Albumen interferes with this test, and must therefore be removed by coagulating with acetic acid and filtering; the urine is then neutralized with liq. potass. and used as above.

LOUISVILLE.

Correspondence.

MATERNAL IMPRESSIONS.

To the Editors of the Louisville Medical News:

As a contribution to the subject of "maternal impressions," on which there is considerable diversity of opinion in the medical profession, but without giving views *pro* or *con*, I send you the following case for publication:

August 27, 1879, was called to Mrs. —, whom I found in labor with her fourth child, and which terminated in a few hours by the birth of a large female child, well formed in every respect, except the right forearm was absent, and looked as if it had been amputated about two inches below the elbow. As soon as it was born the mother seemed to detect by my countenance that something was wrong with the child, and asked me. I evaded her inquiry for some time before I told her. For a while she manifested some distress, and then told me she had had some fears concerning it, as a beggar had called at her house in February last, and she gave him something to eat. While there she noticed that he had lost his right arm, and the stump was exposed in warming it. Her house-servant, knowing her condition, cautioned her at the time about looking at it. She states that the child's arm appears exactly like the arm of the beggar. Her other children are all perfectly formed.

As a further contribution of the same character, I refer to a man residing in this vicinity whom I have known for many years. He is now fifty-eight years of age; was born with a short stump of the right forearm. He informs me that his mother attributed

it to dressing the arm of a man who was wounded, and which had been amputated some days before, when she was pregnant with him, and that his arm is exactly like the arm she dressed.

R. S. WENDEL, M. D.

MURFREESBORO, TENN

To the Editors of the Louisville Medical News:

Below I give you the history of a case of infantile erysipelas which illustrated clearly what Prof. L. P. Yandell, jr. said to the medical class of 1877-78 when I was a student at the University, "that whenever we saw a patient complaining of intense pain, and could find no immediate cause for it, we might look out for an eruption on the skin.

On September 23, 1879, I was called to see an infant son of A. W. Brown, aged seven weeks. The mother told me that the child was seized the evening before with a chill or rigor, and that it groaned and seemed to be in great distress all night, not sleeping any. I found the pulse greatly accelerated, skin hot and dry, and temperature in axilla 104°. I examined its lungs, abdomen, and pupils, but could find no thoracic, bowel, or brain trouble. Mother informed me that it had been in excellent health from birth up to the time it took the chill. I sat and watched it for some time to see if I could ascertain what it was that caused so much distress. Failing in this, I prescribed the following, and left, promising to call next day: Tinct. aconiti fol. ʒss, spts. niter dulc. ʒi; dose, four or five drops in breast-milk every three hours until fever cooled. Gave also hydrarg. chlor. mite, grs. iij; pulv. ipecac, grs. ij; M. div. in pow. No. 6; one every three hours. To give one-grain doses of quinine every two hours when fever cooled, until three or four grains were taken.

September 24th: Found patient quiet, temperature 103°, bowels moved, skin not quite so dry; continued treatment, leaving off calomel and substituting leptandrin.

September 25th: Found little fellow with temperature of 104½°, and over bridge of nose and right eye I detected an erysipelatous rash, which spread slowly over its entire head and body before it ceased. I ordered the following when I discovered the rash: Quinia sulph. grs. vj; potass. chloratis grs. xij; div. in pow. No. 6; one every four hours. Also tinct. ferri chloridi, gtt. j every six hours. Continued the spts. niter dulc. and tinct. aconiti leaves. I used as a local application, to cool the parts and to

protect them from the air, the following: Pulv. camphor and tannin, āā ʒj; sulphuric ether, ʒij; apply with camel's hair pencil once in three hours.

I continued this treatment, alternating it with opiates, cathartics, etc., for two weeks. During that time the rash reappeared three times on the bridge of its nose and right eye, and going over its head and neck. The scrotum and penis became enormously swollen, so much so that urination and defecation were very painful. The scrotum ulcerated on anterior aspect toward close of second week. At expiration of that time I concluded to try bismuth subnitratis q. s. to form a thick paste with cold cream (fresh), and applied it over the entire affected parts. It seemed to act like magic, for soon all the redness left it, and I only had to treat the ulcerations of the scrotum, which I did with bismuth powdered over them. Something very strange (to me), on the ends of its fingers large clear blisters formed as the rash disappeared from them.

At this writing the child is convalescing and out of danger, I think. Now did the local application of the bismuth and cream effect the cure, or was it from the perseverance in the tincture of iron and quinine? for I continued it all the time, sometimes increasing the dose and then diminishing it.

JAS. W. ROGERS, M. D.

CENTER, TEXAS, October 14, 1879.

To the Editors of the Louisville Medical News:

I notice in your last number that Dr. Stuart, in the British Medical Journal, highly recommends milk sulphur (sulphur precipitatum) in the treatment of diphtheria, claiming that almost immediately after its topical application the membrane blackens and becomes detached. My experience with sulphur, I am sorry to say, is widely different from his. Some two years ago a virulent epidemic of diphtheria broke out in my field of practice. The ordinary treatment of muriate tincture of iron, quinine, chlorate potash, wine, beef tea, etc. seemed utterly valueless. A child of four or five years, playing around, would be shown me with a spot in the throat no larger than a pea. In less than forty-eight hours that child would die of strangulation in spite of the most approved remedies.

About this time I saw an article in the weekly papers stating in the most positive terms, on the authority of some great German physician, that milk of sulphur was a certain cure for diphtheria in any and every

stage. Determined to give my patients every chance, I at once began its use, blowing it through a tube frequently and liberally into the fauces, and also applying it with a swab, until the entire membrane would be coated with it; but alas! my cases marched toward death with the same rapidity as before its use. The membranes did not turn black nor did they become detached; in fact it produced no visible effect whatever.

The next summer, in a new epidemic of the disease, I repeated my experiments with sulphur, with the same unfavorable results. Dr. Buckley, a leading physician of Freeport, Ill., who assisted me in the treatment of one of the fatal cases, has tried the sulphur in several instances without success. I have also used some of the sulphites and sulphurous acid, locally and internally, without appreciable benefit. I have better results from the topical application of a mixture of perchloride of iron and carbolic acid, with a liberal supply of food, wine, and quinine, than by any other method that I have tried. Still many cases are hopeless from the inception of the disease, and perish no matter what treatment may be used.

A. K. VAN HORN, M. D.

YELLOW CREEK, STEPHENSON CO., ILL.

Books and Pamphlets.

LUNACY REFORM: HISTORICAL CONSIDERATIONS. By E. C. Seguin, M. D., Clinical Professor of Diseases of the Mind and Nervous System, etc. Reprint from Archives of Medicine for October, 1879.

A CONSPECTUS OF THREE DIFFERENT FORMS OF ACUTE INFLAMMATORY CARDIAC DISORDER. By Roswell Park, A. M., M. D., Assistant to the Chair of Anatomy, Chicago Medical College; Surgeon to South Side Dispensary; etc. Reprint from Chicago Medical Journal and Examiner for October, 1879.

The Louisville Medical News.

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Miscellany.

AN ARGUMENT FOR THE GERM-THEORY.—

It is curious to note how often very unwholesome conditions are found to be coëxistent in a district with a low death-rate and an immunity from fatal infectious disease. One such instance, at Lymington, we alluded to not very long ago, and two other cases of the same kind have been recently reported to the Local Government Board by Dr. Blaxall and Mr. T. C. Langdon, as existing at Okehampton and in the Wells Rural Sanitary District respectively. At Okehampton the water-supply is exposed to pollution from the direct communication which exists between the mains of the closets, and the sewerage is most defective and imperfect. The sewers are unventilated, and the arrangements for flushing are for the most part unsatisfactory. The privies, which are used where sewers do not exist, are of the most objectionable description, differing only in degree of unwholesomeness. The contents are allowed to accumulate for an indefinite period, while the privy-structures generally present every stage of dilapidation. Pigs are very commonly kept, often in unwholesome relation to dwellings, and usually in a very filthy and neglected condition. The floors of many of the dwellings are damp, which probably accounts for the exceptional prevalence of rheumatism in the town. Certain of the houses are very dilapidated, and most of them are surrounded by conditions greatly prejudicial to health. Yet the death-rate for the two years 1876 and 1878 was 17 per 1,000, and that for the intermediate year only 12.5 per 1,000, zymotic diseases being conspicuous by their absence. As Dr. Blaxall points out, however, this favorable result must not be allowed to lull the authority into a sense of false security, seeing that *the conditions revealed as every where present in their midst are the very conditions which are recognized as favorable to the development and spread of infectious disease*, especially cholera and enteric fever; and these diseases introduced into the town would be liable at any time, with the existing state of things, to become widespread and fatal.

In his report on the Wells Rural District, Mr. Langdon shows that, notwithstanding the low death-rate of the district (14 per 1,000), many unwholesome conditions exist that may foster the recurrence of preventable diseases. The water-supply of some parts of the district is much contaminated,

and in others so circumstanced that it is liable to pollution by means of excremental and surface soakage. Although there is in many places an abundance of water, yet it is often not available for the purposes of the population, and where springs are used they are not sufficiently protected. Very generally the means of sewerage and drainage are defective. The privies are faulty in construction, and occasion much nuisance; and indeed the action of the sanitary authority seems to have been generally very imperfect.

[The heading of this extract from the British Medical Journal sounds like a sarcasm. The facts cited are curious, but not corroborative of the prevalent belief in the necessity of drainage and pure drinking-water to secure health.]

GOLDEN WORDS.—We must—if we wish to afford our suffering fellow-creatures some palpable and certain relief, which they in the end will duly realize and appreciate—give greater attention to arresting and overcoming the effects of disease, rather than devote all our energies toward discovering certain dark and incomprehensible phenomena which will never be satisfactorily elucidated; for they only give origin to specious unpractical theories, which, after occupying the minds of the ingenious for a short period, give place to others even perhaps more complex and mistifying. Vain theoretical speculations do for the subtle casuist, but matter-of-fact truisms must be the goal of all those who wish to arrive at the perfection of medical science; and the only roads leading to it are simplicity of treatment, accuracy of observation, and by discarding certain far-fetched hygienic and pathological hypotheses, which confuse and mislead those who are too credulous to doubt or too indolent to investigate.—*E. M. Boddy, F. R. C. S., in Med. Press and Circular.*

SUICIDE IN GERMANY.—Suicide seems to be on the increase in Germany. From the statistics for the year 1878 we gather that the figure of 1,126 was reached, out of which 215 were women. In 749 cases death was produced by hanging, in 217 by drowning, and in 88 by injury to the brain.

THE discovery of mineral wax (ozocerite) in Utah is announced in the American Journal of Science and Arts. Prof. J. S. Newberry says that it is not zietriskite, as some misguided chemists have supposed.

HYPODERMIC "DRAM-DRINKING"—WISE AND TIMELY WORDS FROM THE LANCET.—There is danger that the race of opium-consumers will soon, though in a modified way, be revived and multiplied; and that, too, because science has discovered an inestimably gentle, scientific, and sound mode of relieving pain, which unhappily seems to be now inexcusably abused to a most egregious extent. We allude to morphia hypodermically. This new mode of administering the drug was favorably received at the outset; it advanced rapidly in professional favor, and is now so generally recognized that the stock instruments of physicians and surgeons are not considered complete without a syringe for injection under the skin. It would be well if this very useful instrument passed into no other than legally authorized hands. But unfortunately (to use a very mild expression) some members of our profession have chosen to instruct their patients in the use of the instrument, although they must have full knowledge of the fact that opium, like alcohol, will accomplish—more slowly, perhaps, but not less surely—that which ruined Cassio and thousands of human beings before and after his era. We consider such instruction to a male patient exhibits a grave want of discretion, and an act for which the medical attendant ought in hardly any case to make himself responsible. But (and we allude to this subject mainly on account of what follows) it is within our knowledge that physicians, and more particularly specialists, do in certain cases not only instruct clients of the other sex to manipulate the syringe, but give them one for private use at the close of the attendance, and explain the scale of minims required, etc. It is, of course, beyond our province to indicate what a medical man should or should not prescribe for his patient, male or female, in this or that disease; but most of our cloth know perfectly well the insidiously delightful sensations produced by hypodermic injections of morphia, how the patient comes to await his dose with earnest expectation, and of course, when his own master, usually forestalls the hour at which it is directed to be taken. Given a member of the weaker sex, of the upper or middle class, enfeebled by a long illness but selfishly fond of pleasure, and determined to purchase it at any cost, there are the syringe, the bottle, and the measure invitingly to hand, and all so small as to be easily concealed even from the eyes of prying domestics. A stimulant dose is required at the beginning and a soporific

dose at the end of the night's pleasure. We all know the almost inevitable result. Loss of appetite and of flesh; uneasy sleep, with delirious mutterings; the dose in unprofessional hands almost invariably increased and that rapidly; and all kinds of derangements of the organs below the diaphragm, as well perhaps most of those above it. Can any practitioner, with this knowledge before him, put into the hands of his client, how trustworthy soever she may be, so dire an instrument to steal her brains away?

THE APEX-BEAT OF THE HEART.—According to Prof. Filehne and Dr. Penzoldt, of Erlangen (*Centralblatt Med. Wiss.*), the usually accepted view, that the apex-beat is due to a systolic downward and forward movement of the heart to the left, is false. By their experiments on animals (rabbits, dogs, and guinea-pigs) they believe that they have proved that this phenomenon, systolic in point of time, is due to a change in form of the contracted heart, by which it *rotates to the right* and moves *upward and forward*. They explain the difference between their conclusions and those of former observers—Skoda, Bamberger, and others—by the latter having confused systole with diastole owing to the rapid movements of the heart. Their own method of experimenting is exceedingly ingenious and obviates this difficulty. After exposing the heart they irritate the peripheral portion of the vagus nerve, and so diminish the number of cardiac pulsations. The movement which now first occurs after the interval between two pulsations is undoubtedly systolic, and that which immediately follows the first, and is itself succeeded by an interval of rest, is diastolic. By simultaneously irritating the central end of the pneumogastric nerve, all disturbance of the experiment by respiratory movements is temporarily abolished. By such observations as Drs. Filehne and Penzoldt have as yet been able to make on the human subject, notably in a woman with exposed heart following pneumothorax, they believe what is true of the above-named animals is true also of man.—*Med. Times and Gazette*.

MORTALITY FROM INTEMPERANCE.—Dr. Norman Kerr has been further investigating this subject, and he stated last week at Manchester that his estimate had been arrived at by applying the results of his own medical experience to the total number of medical men in the kingdom. The medical profession had been supposed to number 16,000,

and on this hypothesis his former estimate was based; but, having since had occasion to communicate with every member of the profession, he found the actual number of practitioners, exclusive of the army and navy, to be 18,090. The original computation then that 120,000 persons died every year in Great Britain and Ireland from intemperance—40,500 dying from their own excess, and 79,500 dying from the indirect consequences of the excess of others—was far under the truth, as had been from the first contended by Dr. Hardwicke and many competent observers. Dr. Kerr reviewed the fortieth report of the registrar-general with reference to deaths from alcoholism, and suggested that the Social Science Association should ask confidential returns from 500 medical men in different parts of the country, with the view of arriving at approximation to the truth. It was significant that gout is more fatal now than it was ten years ago, and that Italy, a most temperate nation, had only 240 per 1,000,000 of violent deaths, while England, an intemperate nation, had no fewer than 757 per 1,000,000. Dr. Hardwicke, in commenting upon Dr. Kerr's results, expressed the opinion that this subject was of paramount importance, seeing that the last estimate of the mortality from this cause was put down at from 50,000 to 60,000 *per annum*. From his own observation he believed it ranged at 100,000 at least. He thought that perhaps no one living had seen so much of it as he had. He noticed that this question had been systematically ignored as a cause of the high rate of mortality by medical officers of health and medical gentlemen generally throughout the country. His firm belief was that nearly 100,000 lives were destroyed by alcoholic excesses in this country annually.—*British Medical Journal*.

A CASE of congenital inguino-ovarian hernia, in which both ovaries were removed, was reported before the Obstetrical Society of London by Dr. T. Chambers. The patient, a young woman twenty-four years of age, had observed two swellings in the inguinal region as long as she could remember. She had never menstruated or experienced menstrual molimen. There was a small, short, conical vagina, at the top of which was the opening of the urethra. No uterus could be found by vaginal or rectal examination. The bodies in the groins were subject to pain and injury from knocks and blows, and it was determined to remove them, for they

could not be pushed up into the cavity of the belly. When the patient was put under chloroform, however, one of these bodies ascended through the inguinal ring spontaneously. They were removed under carbolic spray, but the dressing of the wounds appears to have been imperfectly antiseptic; the wounds suppurated, but the patient completely recovered. The specimens removed were shown at a previous meeting of the society, and were referred for report to a select committee consisting of Dr. Galabin and Dr. Jno. Williams. Their report was read after the paper. Microscopic examination showed the bodies to be glandular organs, presenting, however, the structure, not of ovaries, but of imperfectly-developed testicles. Sections were exhibited showing the small tubules of the testicle. The external characters of the organs, moreover, were those of the testicle.—*London Lancet*.

[Evidently this woman was a male.]

MR. ERASMUS WILSON, F. R. S.—After the distribution of the prizes gained at the tenth annual exhibition, held by the Turners' Company, of specimens of turnery, the honorary freedom and livery of the company were conferred on Mr. Erasmus Wilson, "in recognition," the company stated, of his liberality to the nation, through which, in concert with our fellow turner, Mr. J. Dixon, C. E., he transported from Alexandria to the banks of the Thames in London the obelisk of On, long waiting for such public spirit.—*Med. Times and Gazette*.

TREATMENT OF EPITHELIOMA OF THE CERVIX UTERI.—By J. Marion Sims, M. D., in the American Journal of Obstetrics:

This is no doubt an extract from Dr. Sims's new work, the publication of which we are anxiously awaiting. The splendid woodcuts of Dr. Heitzman, of Vienna, simplify the text greatly. After detailing the various methods clinically, Dr. S. gives the following inferences from the same: 1. Do not amputate or slice off an epithelioma of the cervix on a level with the vagina. 2. Exsect the whole of the diseased tissue, even up to the internal os, if necessary. 3. Arrest the hemorrhage with tampons of subsulphate of iron or alum cotton wool. 4. Be careful not to use too much force in applying tampons. 5. When the styptic tampon is removed after operation cauterize the diseased surface with chloride of zinc or some other manageable caustic that will produce a clean slough. 6. After the removal of the caustic and the

slough, use carbolized warm-water injections or douches daily until cicatrization is complete. 7. After the cure put the patient on arsenic, and make examination every two or three months for recurring cancer. 8. Remove the most minute fungous excrescences at once and cauterize. 9. Almost every case can be benefited by operation.

It is easily understood how Dr. Sims lost two of the three Vienna cases. They were all cases on which operation was considered hopeless, and the most unfavorable of the three was the successful case. This is only a repetition of his history in the New York Woman's Hospital. The most unfavorable cases were always allotted the most skillful surgeon; and if the mortality in his hands was greater, he needs must be the inferior of his calumniators.

A DESERVED COMPLIMENT.—Dr. Fothergill is evidently not one of those physicians who, as far as regards the instruction of the profession and the advancement of medical science, allow their knowledge and experience to run to waste. It too often happens that a small circle of patients are the only individuals who profit by the abilities and experience of their medical attendant; consequently when he dies the results of his matured judgment, and the stores of information he collected during perhaps a long life, perish with him. Neither his professional brethren nor posterity are one bit the wiser for what he said or for what he thought.

A very different character is Dr. Fothergill. Although only a young man, he has already shown himself to be an industrious laborer in the field of clinical medicine, and to be as anxious to teach as he is to learn. Already we have had from his pen a popular treatise upon *The Maintenance of Health*, a very useful and practical work entitled *The Practitioner's Handbook of Treatment*, an original monograph on *The Antagonism of Therapeutic Agents*, and now we have a portly volume on *The Heart and its Diseases*, which, although a second edition of a treatise published in 1872, is so much enlarged and improved as to be virtually a new work.—*Med. Press and Circular*.

BURNING UP THE OXYGEN.—Inventors and clever people generally are cudgelling their brains to discover a new light available for domestic purposes. It is well that those who try experiments with a view to this discovery should be on their guard. We have heard

of one or two "successes" of the class indicated, which would be admirable but that the illuminating agent is of itself sufficient to deprive the atmosphere of any ordinary apartment of the oxygen necessary to sustain life. A lamp with so large an appetite for the gas which human beings require to appropriate in considerable proportions would be scarcely less injurious to the health of any household than a charcoal stove. It is an indispensable qualification for the acceptability of any new lighting apparatus or agency that it should not unduly prey upon or poison the atmosphere in which it burns. The first condition seems to be overlooked by some ingenious inventors who are fully alive to the second.—*London Lancet*.

CAN any one account for the tendency there exists among gynecologists to the parting of the name in the middle? For instance, we have T. Spencer Wells, T. Gailard Thomas, J. Marion Sims, J. Matthews Duncan, T. Addis Emmett, C. Henri Leonard, A. Reeves Jackson, and so forth. Can it be that intimacy with the ladies begets vanity?—*Mich. Med. News*.

Selections.

THE TREATMENT OF THE NIGHT-SWEATING OF PHTHISIS.

By William Murrell, M. D., M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, etc. From *London Practitioner*:

Picrotoxine.—Seeing that pathological sweating might be arrested by Dover's power—an agent extensively employed as a diaphoretic—I determined to turn my attention to other sweat excitors. Picrotoxine, the alkaloid of *Cocculus indicus*, naturally suggested itself. The first thing was to obtain it in a form suitable for administration. I procured a saturated solution in water, which I was informed was about one in one hundred and eighty. After a time some of the picrotoxine crystallized out, and I had to content myself with a weaker preparation. Mr. Martindale made me a one-in-two-hundred-and-forty solution—a grain in half an ounce—and this keeps well and is convenient to work with. Next came the question of dose, and here I had very little to guide me. Dr. Crichton Browne says, "A twentieth of a grain of picrotoxine may be regarded as the minimum fatal dose in a rabbit weighing about three pounds, and one thirtieth of a grain may be regarded as the minimum fatal dose for a guinea-pig weighing about a pound and a quarter." This was clear enough for rabbits and guinea-pigs, but threw very little light on the right dose to give to a human being, and I accordingly determined to proceed cautiously, keeping well on the safe side.

The next thing was to find a suitable case for its employment. For many months I had had under

treatment a little girl suffering from Grove's disease, and for some time she had been very ill indeed. She had fallen away terribly, and was very short of breath. Her temperature in the middle of the day was nearly always over 100° , and her pulse 112 or more. Physical examination of the chest showed less than might have been expected, but there could be no doubt that active mischief was going on in the lungs. She had a loud apex systolic murmur—so loud indeed as to obscure the breath-sounds in front. For weeks past she had had profuse sweating night after night. "She was so hot at night," she said, "and her things were quite wet; it would lie on her face like beads." She was ordered a dram of the one-in-one-hundred-and-eighty picrotoxine solution in eight ounces of water, the dose to be a teaspoonful. The mother was told to give a teaspoonful of the mixture the first night; then, if it did no good, two teaspoonfuls the next night; and if that failed she was to go on to a teaspoonful three times a day, then to two teaspoonfuls three times a day, and so on. She was an intelligent woman, and it was felt that she could be safely trusted. In four days they came again—the mother and the daughter—and this was their report: The first night she was given a teaspoonful, and the perspiration was much less; the second night she had another teaspoonful, and there was less than the night before; the third night she took another dose, and there was hardly any at all; the fourth night the medicine was not taken, and there was no return of the perspiration. They were then told to use the medicine only if necessary, and it was left to the mother's discretion how often it should be given. Three days later they were seen again, and reported that on the fifth night, no medicine having been taken, the perspiration was very bad indeed; on the sixth night the patient took a dose, and there was much less; while on the seventh night no medicine was taken, and the skin was comfortably moist, nothing more. The medicine was discontinued, and there was no return of the perspiration for eleven days, when she had it severely on two consecutive nights. A single dose again checked it, and ten days later she reported that there had been no return. The mixture was tasteless, was taken without difficulty, and produced no ill effects of any kind.

In the second case the picrotoxine succeeded admirably. The patient was a young man of nineteen, with dullness and flattening at the right apex, and bronchial breathing. He had had night-sweating for a fortnight, almost every night. It generally came on about twelve or one o'clock, and kept him awake till daylight. He was very wet, his flannel shirt was saturated, and often his night-shirt was damp too; he was "just as if he had been washed." He was ordered the same mixture as in the previous case—a teaspoonful of the saturated solution in eight ounces of water. The first night he took a teaspoonful at bedtime, and was no better; the second night he took two teaspoonfuls at bedtime, and noticed some improvement; the third night he took three teaspoonfuls, and perspired very little indeed; the fourth night he took four teaspoonfuls, and was quite dry; he slept better, felt more refreshed in the morning, and was stronger and brighter all the day. The medicine was then discontinued, and there was no return for a fortnight, when he was sent in the country.

The third patient was a policeman, aged twenty-three, with a cavity at his right apex. He looked weak and ill, and had had profuse sweating for five or six weeks. Sometimes it would run off him al-

most in streams. He was ordered the same mixture as the other patients. The first night he took a teaspoonful at bedtime, and sweated as much as ever. The next day he took three doses, the last at bedtime, and that night there was a marked improvement. The next day he took four doses, and was better still. The fourth day he took five doses, and that night was quite free from perspiration. He was brighter and better in every way. The medicine was then discontinued, and the following week he was quite free from perspiration, except a little one night. A week later he reported that there had been a little sweating at bedtime, but not enough to cause him any inconvenience. He was ordered a dram of one-in-two-hundred-and-forty picrotoxine solution in eight ounces of water, a teaspoonful to be taken every four hours. In two days the perspiration had completely ceased, and a fortnight later he reported that there had been no return. By the arrest of the sweating he improved in every way, and was enabled to return to duty.

Another marked case was that of a man, aged twenty-five, who played the cornet in a popular troupe of nigger minstrels. He had consolidation at the right apex, and a few days before he came under treatment brought up nearly a pint of blood on the stage, half filling his instrument. The sweating usually commenced early in the evening, and often enough after he had "blackened up" for business it would wash half the black off him again. He usually got home about eleven, and was often in bed and asleep by half-past. About two in the morning he would wake up wringing wet. This had been going on for two or three months, and it had weakened him terribly. He had to play for his bread; had he thrown up his engagement he and his wife must have starved. He was most anxious to have the sweating stopped. He was ordered the picrotoxine mixture in doses increasing from a teaspoonful to a tablespoonful at bedtime. In four days the sweating had practically ceased. In a week it returned, but was checked again in three nights by the same treatment.

These are not picked cases in any way. They are taken in the order in which they came. I have employed this mode of treatment for checking the excessive perspiration of phthisis in twenty cases—ten men, seven women, and three children—and have had only one failure. The youngest patient was a boy of eight, and the oldest a man of forty-five. One woman certainly looked older, but she said she was only thirty-eight. Usually the drug was given at bedtime only, but sometimes a dose was taken three or four times a day. The plan of giving it solely at bedtime answers admirably. In a case where two drops given four times a day afforded only partial relief five drops at bedtime effected a speedy cure. As a rule there is no improvement the first night, but on the second night the perspiration is less, and by the fourth night it has practically ceased. A great advantage of this treatment is that it does not make the skin too dry; it leaves it comfortably moist, while not unfrequently atropia seems to parch it up. It is not uncommon to hear patients who have been taking the picrotoxine say that the perspiration has not quite gone, but is not bad enough to take medicine for. As a rule the sweating comes back in about ten days, or from that to a fortnight, necessitating a return to the treatment for a few nights. In the same patient I have frequently checked the perspiration with picrotoxine on three or four different occasions. In this way the opportunities of watching the action of the drug have been considerably multiplied. In one case

picotoxine succeeded admirably after oxide of zinc and Dover's powder, each given for a week in ten-grain doses at bedtime, had failed. All the patients were out-patients, and all stages of the disease were represented.

I have had only one case of failure out of the twenty, and even there the remedy did some good at first. The patient was a young woman of nineteen, with coarse crepitation all over both lungs. She had had sweating at night for four and a half months, every night. It would come on between eleven and twelve o'clock, as soon as she got to bed, and it would make her things quite wet. She was ordered $\frac{1}{180}$ grain of the picotoxine every four hours. The first night after two doses she was no better, the second night the perspiration was less, while the third night there was none at all. Camphor-water was then substituted for the picotoxine, and five days later the perspiration returned "as bad as ever," and continued for six nights. She was then ordered $\frac{1}{90}$ grain every night at bedtime, and four days later she reported that there had been no improvement. She was then ordered $\frac{1}{20}$ grain four times a day, which was taken for three days with very little benefit. The dose was then increased to $\frac{1}{60}$ grain four times a day, but it did her no good. She was wet through night after night, and "the medicine did not help her a bit now." She was very weak indeed, could hardly get about, and her cough was very bad. I did not feel justified in keeping her longer on the picotoxine, so gave her pilocarpine, which promptly checked the sweating.

I also used the picotoxine mixture in the case of an asthmatic who perspired profusely during his paroxysms. It had no influence on either the shortness of breath or sweating. Grindelia robusta subsequently arrested the attacks, and with them the sweating.

Calomel in Typhoid Fever.—In the premonitory stage of typhoid fever we have the usual symptoms indicative of a febrile condition, which we very often see in patients who are suffering from the pernicious effects of prolonged constipation through over-eating, inactive habits, and inattention to the bowels. I have noticed this marked similarity of symptoms frequently, and I am sure that some of my patients (when the diarrhea had commenced owing to the inability of the intestines to contain their contents) would infallibly have dropped into that condition called typhoid fever, had the administration of calomel not been resorted to.

We find that the premonitory symptoms are chilliness, offensive breath, a dry furred tongue, loss of appetite and nausea, bowels constipated and irregular, and the urine loaded with phosphates; and there is also a pain in the back. These are the principal symptoms, which are quite sufficient for our purpose, pointing decidedly to bowel disorder, and would be speedily rectified by the administration of such a purgative as calomel. This simple treatment, however, is overlooked, and consequently the patient gets worse, and by reason of this abnormal condition of the bowels being unattended to the patient sooner or later, according to the degree of strength he possesses, succumbs, and typhoid fever results, which very likely is ascribed to invisible germs, to milk, or to some infectious excreta, or to something else equally difficult to disprove. However, it is easy to see, as I have said before, that the symptoms point to bowel complication; and we shall find further on that they increase in intensity, owing to the fact that the administration

of purgatives is entirely neglected. In the first week (for this fever is divided into different stages) there is great nervous depression, the pulse increases in frequency, there is extreme thirst and heat, the patient complains of pain in the head, accompanied with giddiness, and now the diarrhea commences, and we get the famous typhoid stools; the abdomen feels full, and in some cases tense and painful, and we become aware, on pressing the right iliac region, of a gurgling sensation which is communicated to the finger.

Now we have got at the root of the matter, and, in my opinion, to the origin of the fever: first, we have constipation, turbid urine, foul tongue, offensive breath, and very frequently the pain in the back, indicative of an overloaded transverse colon; secondly, we get thirst, nervous depression, great heat, pain in the head, and giddiness; and finally, diarrhea, or the efforts of nature to relieve herself; also there is a gurgling near the ileocecal valve which is detected on pressure.—*E. Marlett Boddie, F. R. C. S., in Medical Press and Circular.*

Extensive Sloughing of the Vagina.—Dr. F. Peyre Porcher, from Transactions South Carolina Medical Association, 1879:

The report which follows of this highly interesting case was drawn out at our request by Dr. George E. Sparkman, late house physician at the City Hospital.

Catharine Philips, colored female, aged eighteen years, was admitted to the colored wards of the City Hospital, under care of Dr. F. Peyre Porcher, October 16, 1878, suffering from gangrene of the vulva. She says that on October 10th she was seized with labor-pains at full term and was delivered of her first child after an easy labor of a few hours—less than twelve hours. Her attendant was an old negro woman. She further states that after delivery she was left in a soiled condition upon the filthy bed until three or four days had elapsed, when she experienced some uneasiness and felt some "pimples" upon the vulva. She called the attention of the woman to her condition, but what was done for her relief she does not know.

She was examined immediately upon admission to hospital, and the labia found to be swollen, black, and sloughing, and escaping between them a purulent discharge of intensely fetid odor, mixed with the urine, which constantly trickled away; general condition of distress; slight fever, with small, quick pulse; anemic appearance of the mucous membranes; lips dry; tongue slightly furred, brownish white; anorexia. The treatment instituted consisted of one grain opium and three grains quinine in pills every four hours. Poultices of equal parts of flaxmeal and charcoal were applied locally and changed repeatedly (a few drops of carbolic acid were mixed with each poultice). In place of pure water she was ordered chlorate-potash water, two drams to a pint of water. Diet—milk, milk punch, and chicken soup. The odor from the parts was so overwhelming as to necessitate the removal of the patient from the ward to a private room, in which sheets saturated with bromochloralum were constantly suspended.

October 20th: A line of separation can be observed surrounding the external parts and extending inward; general condition unchanged; continue treatment.

October 24th: This morning the whole vulva and the vagina, which had separated at its junction with the uterus, were thrown off, leaving a deep excavation in the perineum. With the woman on her back, the

knees one and a half feet apart, and the legs drawn up and flexed at right angles upon the thighs, the excavation is of ovoid shape, and measures across two and a half inches, from above downward five inches, and is about three inches in depth. The greater portion of the back of the cavity is filled by a globe-shaped body, red and bleeding when touched, which we take to be the bladder; while just under the pubis is a teat-like process about half an inch long, through which the urine escapes guttatum. In the lower portion of the cavity can be seen a remnant of the posterior wall of the rectum, which has suffered in the general destruction. The uterus can not be seen. The parts were thoroughly syringed with warm carbolated water and then packed with lint saturated with carbolic acid and sweet oil (one to twelve); constitutional treatment continued; beef essence and custards added to diet.

October 30th: The parts have been cleansed regularly as often as necessary, and to-day the woman feels stronger; appetite beginning to improve. She can control the fecal evacuations, and the feces are well molded; the urine continues to escape.

The opium was now stopped, and quinine continued in two-grain doses *ter in die*. Granulations began promptly from the edges, and the cavity is gradually growing smaller. Dr. Rose, who succeeded as house physician in charge of the ward, reports that no material change in the treatment was subsequently required. She was discharged January 30, 1879, greatly relieved if not cured; the cavity was nearly filled up; she could not retain her urine well, but she could walk with ease, and was fat and hearty, and with a good appetite.

Her condition, as reported by Dr. Rose, was as follows: The anterior wall of the rectum, as was stated, had sloughed out; a species of prolapse of the bladder ensued, granulations from the bladder seeming to bridge over the vagina and fill up its cavity, so that the uterus could not be seen nor felt. The mass which originally sloughed out when the patient was first admitted, and which was shown to the class by myself, was nearly eight inches in length and two or three inches in thickness.

A Successful Case of Intra-venous Injection of Beef Peptone for Exhaustion from Hemorrhage from Uterine Cancer.—By Paul F. Mundé, M. D., in *American Journal of Obstetrics*. Patient, forty-seven years of age, has been flowing slightly for a year. No cachexia and but little pain. General health deteriorating. Upon examination was found cancerous infiltration of supra-vaginal portion of the cervix; uterus fixed, bleeding, as high up as internal os. Granulations removed with the curette. Applied powdered sulphate of iron as far up as could be seen. Finding this did no good, the bleeding surfaces being out of sight, Dr. M. determined to find the bleeding spots and apply the styptic directly. While removing the coagula a sudden profuse arterial hemorrhage set in, which the quickly-applied tampons failed to check. The patient rapidly became blanched, when Dr. M., "in sheer desperation," dashed a heaped teaspoonful of dry persulphate into the vagina, packed in all the cotton he could, and applied pressure with the hand. The hemorrhage ceased. Hypodermics of brandy somewhat revived her. Temperature in the evening 100°; pulse 112, very feeble; extremities cool; inability of stomach to bear food. Next morning still feebler. Sent for Dr. Geo. B. Fowler, who brought his apparatus and beef peptone for injecting.

(A decided advantage of this digested food over defibrinated blood or warmed milk is its being always at hand.) The fluid was slowly allowed to flow into the vein by its own pressure. Temperature of patient 100.5°; pulse 108. When about one ounce had been injected patient exclaimed: "My head is bursting; it feels so full." The cheeks began to flush, the eyes to project, and the heart to beat tumultuously. One and a half ounces were allowed to flow in, with an increase of above signs, however. Pulse 92; temperature 99°. Sudden breakage of tube, some fluid escaping into cellular tissue of elbow. Patient began feeling depressed. Brandy *pro re nata*. One hour after, pulse 120. Delirious in the evening; pulse 130; temperature 101. Aromatic spirits of ammonia every half hour during the night. Next morning patient bright and cheerful; pulse 92, full and strong; temperature 99°. Milk *ad libitum* after this, with excellent results, lasting several weeks. Patient is beginning to bleed again within the last few days.

Diseases of the Ear in Relation to Life-Policies.—1. It would be both arbitrary and unjust to look upon all cases of deafness and otorrhea as being alike, and to refuse them. It has not at all been proved that diseases of the ear tend to shorten the medium duration of life in general.

2. All persons who wish to assure their lives must be questioned especially as to the past and present state of their ears.

3. Persons who have been suffering from some disease of the ears, or are still so, must be examined by a specialist.

4. This is done with a view to estimate the danger which their life may incur through this affection. Accordingly they must be classified as good, doubtful, dangerous, very dangerous. This classification will depend (a) on the nature and the gravity of the affection; (b) on the present and past condition of their general constitution.

5. Persons suffering from some affections of the ear may be accepted, if their general health be good and free from all constitutional affection; also when there is no complication. All those must be refused where the otorrhea is caused by an exanthematic fever, or if the persons be scrofulous or syphilitic; also all cases of singing in the ears, with or without deafness, where the gait is unsteady; lastly, all cases where the singing in the ears, whether accompanied by deafness or not, is complicated by a syphilitic constitution.—Dr. J. Patterson Cassels (*Glasgow*), in *British Medical Journal*.

Castanea Vesca in Hooping-cough.—By Dr. W. Kovatsch, in *Laibach. Memorabilien*, vol. 12. The writer concludes, from extensive observations with this drug, that: 1. In the first stage of hooping-cough it is of no service, light narcotics being indicated, as aq. laurocerasus, ext. hyosc., etc. 2. In the second stage, where no complications exist, it markedly decreases the paroxysms within twenty-four hours, but the medicine must be continued for at least two weeks. 3. In the third stage, if the patient is restless, a Dover's powder with quinine is given at bedtime, and the medicament continued. 4. The dose for children under one and a half years, half a dram every two to four hours; for older children, a half to one dram every two or three hours. He does not consider this a panacea for all hooping-cough cases, but believes it to possess great virtues.—*American Journal of Obstetrics*.

Treatment of Infantile Diarrhea and Dysentery.—By A. Jacobi, M. D., in *American Journal of Obstetrics*. This paper is worthy of careful perusal. The causes of infantile bowel-troubles are usually to be found in the food. Fat is a promotor of peristalsis, because it is not digested. Normal milk of the mother contains more fat than is used by the infant. Cow's milk contains still more. The laxative action of colostrum, or cream, is thus explained: Sugar often relieves constipation; a small quantity should be given in water before nursing. An improved cow's milk is made by adding a few drops of dil. muriatic acid to water then boiling with double the quantity of milk. A favorite mixture with Dr. Jacobi, where milk is not borne well, is fresh barley water. No beef tea should be given. As a purgative he uses calomel, castor oil, or calcined magnesia. To decrease peristaltic action, carbonic acid and ice. To decrease acidity of the stomach, lime alkalies preferred. As to medicines, he employs astringents, bismuth, and opium (Dover's powder).

The Treatment of Ringworm of the Scalp.—Mr. James Startin has found the following treatment most successful in a large number of cases: 1. Well wash the parts affected with just enough soft soap to make a wash; thoroughly dry, and then apply with a thick camel-hair brush some blistering fluid. 2. After a few days, when the inflammation has subsided, use alternately the following applications: ol. cadini, creasote, and tincture of iodini in equal parts, and a lotion of hyposulphite of soda, two drams to the ounce of water, with a little compound tincture of lavender. 3. If the skin should be sore from the use of the above applications, then the use of the white precipitate ointment of the British Pharmacopœia, diluted with equal parts of vaseline, will prove most beneficial. Mr. Startin does not think we can ever give a prognosis of complete cure of these cases of obstinate ringworm under three months, but he has never found the above to fail.—*British Medical Journal*.

Pilocarpin as an Oxytotoxic.—By Dr. Schauta, Assistant to Obstetrical Ward, University of Vienna, in *Wiener Med. Wochenschrift*. Dr. Schauta, whose opportunities for observation are so extensive, tried this remedy hypodermically in fifteen cases, with the following results: In twelve cases one injection sufficed to bring on active pains in a few minutes; in three cases two injections were made. The effects upon the skin were various. Some perspired freely, and were less ptalyzed; others were affected reversely. The medicine was only applied in cases requiring medical aid. Some of the labors were protracted ones, patient exhausted, ineffective pains, etc.; others had no pains whatever, and danger to mother and child imminent. Dr. S. states that the action of the remedy was prompt, and in no case exerted any evil influence on mother or child.

Jaborandi in Puerperal Convulsions.—From *Transactions of the New York Obstetrical Society*. Much discussion exists with regard to the efficacy of this drug in cases of puerperal eclampsia. Dr. Thomas reports a case cured, Dr. Barker a number ending fatally; Dr. Gillette gives cases benefited by it; Dr. Hanks reports a case where it seemed to be the cause of the death. Dr. Noeggerath thinks that jaborandi is a very useful remedy; that the few cases reported could not be decisive of its value in puerperal eclampsia.

Condensed Milk for Infants.—In opposition to the opinion of Mr. Laing, who writes to the *Journal* of September 27th, I beg to state that I have recently had under my care several cases of infantile diarrhea, in which condensed milk had been the only food. The last case was a very obstinate one, accompanied by much wasting. The usual remedies failed to do any good; but the child at once improved on changing its diet, and is now thriving well.—*W. Whitfield Edwards, in British Medical Journal*.

[We are strong believers in the excellence of condensed milk as a food for infants, regarding it as only second to mother's milk.]

Chloral Hydrate in Obstetrical and Gynecological Practice.—By Dr. C. O. Wright, of Cincinnati, in *American Journal of Obstetrics*. This paper contains the writer's experience and that of numerous others, as published, upon the following applications of chloral hydrate: 1. In shortening the first stage of labor, where chloroform would not be desirable; 2. In puerperal eclampsia; 3. In albuminuria during or after gestation; 4. In all tedious labors; 5. In the vomiting of pregnancy; 6. Locally in eczema of nipples with fissures; 7. In pruritis vulvæ. The favorite mode of internal administration is per enema. The chloral is given either in fifteen-grain doses, often repeated, or in larger doses, as indicated. When used locally it is best combined with vaseline, ten or fifteen grains to the ounce, and applied frequently during the day. The author praises the remedy very highly, and is supported in his views by the results published by numerous authorities whom he quotes.

Vitality of the Teeth.—In the *Dental Register*, September, 1879, Dr. Rawls states that he heard Dr. Geo. Watt reported the case of a boy having a tooth knocked out while coasting. The tooth was lost in the snow for some time, and when found was completely frozen. The doctor, after thawing it successfully in cold, tepid, and warm water, replanted, and since then, to all the known tests, it has responded as a living tooth. Dr. Rawls once had a case similar to that of Dr. Edwards. In extracting a decayed, second lower bicuspid, which impinged on the first bicuspid, the latter popped out, clear across the room. He replaced it, saw the patient six months afterward, and the tooth responded to every test.—*Medical and Surgical Reporter*.

Uterine Fibroid successfully treated by Ergot.—Reported by Dr. E. B. Stevens at the Cincinnati Obstetrical Society, in the *American Journal of Obstetrics*. The submucous fibroid extended from the external os to the umbilicus. Ergot was given with iron by the mouth. The treatment lasted four months, during which time irregular and painful contractions of the uterus, with discharge of clots, took place. There was no sign of tumor at end of four months.

Ovariectomy at the Women's Hospital, New York.—During the ten months, September, 1878, to July, 1879, Dr. Thomas has performed ovariectomy twenty-two times, with twenty-one recoveries and one death; the death occurring in a woman who was sent to the hospital in a most forlorn condition three weeks after her delivery. In nine of the cases cold affusion was employed by Kibbee's method.—*New York Med. Jour.*

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE NATIONAL BOARD OF HEALTH.

We print in the present number a communication from a very responsible correspondent upon the National Board of Health, in which the usefulness of that organization is openly criticized. Of course no good thing is damaged by discussion, and we are quite sure that most of the gentlemen who constitute the National Board will bear with great equanimity any strictures put on their work. This is a great country, as we have all occasionally heard, but the yellow fever with which it is at war is also no second-class power, and after all it is no great wonder that it was not brought to terms in the single campaign waged against it by our gallant army of health officers. It is claimed, however, that a number of signal advantages has been gained over the enemy, and that they are due greatly to the regularly organized attacks which were made on it. Certainly the epidemic of 1879, bad as it was, fell far short of the ravages of the epidemic of 1878, for outside of Memphis it gained no foothold of any great importance. It remains to be seen who or what brought this about. We trust that it will come out at the meeting of the American Public Health Association, which convenes in Nashville next Tuesday; and our hopes are better of this than at our last writing, since we have learned of the character of the men who are likely to attend it; for we can answer for the Kentucky delegation, at least, that more earnest or efficient representatives of sanitary science could not well be found. Meanwhile, whatever be

the fate of the National Board of Health—whether therein the army captures the marines or the marines capture the army, and issue their tales as official bulletins—we are not wholly of the opinion that a Grand National Bureau, presided over by a supreme clerk to invite communications “from physicians in times and places of epidemics, etc.,” as suggested by our correspondent, is the best possible substitute; and while we believe that the National Board of Health is capable of improvement, it is no part of our complaint against it that any doctor in this country received therefrom his modest pay for services which heretofore have been as moneyless as they were thankless.

REMARKABLE WEATHER.—On this the 12th day of November, 1879, our thermometer marks 80° F. in the shade, and the weather bureau tells of more such weather to come. On every hand one hears, “What a remarkable fall!” “Did you ever feel such heat in winter?” and like expressions. The usual reply is, “Never,” or “Comparatively seldom.” Talking to a farmer friend to-day, we were reminded that we had quite such weather last year. His early apple-trees produced fruit, mature and excellent, twice; and he raised one hundred barrels of potatoes from the tiny and imperfect tubers which he covered up after gathering a large first crop at the usual time. The past summer was remarkably hot and dry and long, and we had a remarkably long and hot and dry summer the year before. Last winter was remarkable for its protracted and severe cold, and the winter preceding it was equally remarkable in the same way. In fact it is remarkable

how frequent remarkable seasons are. Some of the Kentucky strawberry patches yielded in October a second crop of fruit of a superior character. Certainly this *is* remarkable.

THE death of Geo. W. Callender, F. R. S., etc., is announced. He died on the steamship Gallia, which sailed from New York on October 15th. Mr. Callender served as demonstrator of anatomy in St. Bartholomew's Hospital for twelve years, was then made professor of anatomy, and afterward surgeon to the same institution, succeeding Sir James Paget. Mr. Callender published a number of surgical papers. A very interesting one on the Avoidance of Pain in Surgical Operations was reprinted in this journal last year. He was a good surgeon and a good man, but was not of the greatest lights of England.

Correspondence.

LONDON LETTER.

FROM OUR OWN CORRESPONDENT.

To the Editors of the Louisville Medical News:

The opening of the schools here has brought every one back to town, and medical London is once more afoot. The annual custom of giving what are called introductory lectures at all the schools is one which is consecrated by time, but finds many opponents. One has only to look through the addresses given to see how often the lecturers are obliged to fall back upon the old formal recommendations to the students to be good boys, to study their books, to attend to their classes, to work well in the dissecting-room, always to remember that medicine is a mission, and so on. St. Bartholomew's, Guy's, and London hospitals, which together receive nearly as many students as all the other schools in London, have broken through the custom of these annual addresses. One of them, Guy's, has substituted a *converzatione*, at which all of the students, new and old, meet under pleasant circumstances. Music is provided, the prizes are given away, and a few speeches are made, ladies are present, and what are usually described as objects of interest, but are commonly found to be objects of no interest whatever, are profusely scattered about

the room. At Guy's the show was very brilliant, and among the objects shown were two new rotifers by a Mr. Bolton, of Birmingham, who undertakes for an annual guinea subscription to supply medical men and naturalists with a weekly phial containing animalcules in season collected from choice pools with which he is acquainted. This is a very useful arrangement, because his subscribers are not only supplied with microscopic objects which afford a constant round of ever fresh delight, but any one who is studying any particular subject, whether as a student or for an original research, such as development of amphibia, or who wishes to study embryology by actual observation, can obtain from Mr. Bolton a series of the objects which he desires with much less difficulty and cost than he could get them otherwise for himself.

The most characteristic and pleasant gathering of the 1st of October is Dr. Harrington Luke's St. George's whist party. This follows after the dinner of the old St. George's men. It is always a very choice gathering, begins at eleven, and does not generally break up till three or four in the morning. Dr. Harrington Luke, as most people know, is the leading psychologist in point of practice and income at the present time in London, and has at least this great quality that he is one of the most genial, honest, liberal men in the profession, and is trusted and liked by every body. Hence Dr. Luke's house is a center, and his whist party is always the first, as it is one of the pleasantest of the medical entertainments of the season.

Among the lectures this year perhaps the most remarkable was that of Prof. Mivart at St. Mary's Hospital. It dealt especially with what may be called physiological dialectics, and was meant as a sort of theological backhander at Spencer, Darwin, and Huxley. It will be reprinted presently with notes, and any one who is interested in seeing all that can be said by a man who is at once a strict Papist, an accomplished biologist and comparative anatomist, and thoroughly conversed in the theology of the fathers and in dialectical tactics will do well to procure a copy. Mr. Mivart is an interesting personage at the present time, for he typifies in himself some of the most remarkable opposing mental forces of the age. It may interest you if I tell you something of his history, by which you will be able to recognize the peculiar standpoint of the man. He was educated, it is understood, at Oscott, the famous Jesuit

seminary, and intended, I believe, for the church. Choosing, however, another career, Mr. Mivart entered the law as a solicitor, but developing a great taste and special talent for biological pursuits he speedily gave himself up entirely to the subjects of comparative anatomy and biology, and achieved a considerable reputation by long and patient years of skillful work, in the course of which he made himself a thorough master of the working details of comparative anatomy. His labors in myology in comparative osteology are to be found in the transactions of the Zoölogical Society and of many other societies, including the Royal Society, and he has published a number of excellent works of a purely descriptive character. Shortly, however, his talent for philosophic argument developed itself in an admirable study of the origin of species from the Darwinian point of view. During all the intermediate years of his life Mr. Mivart was noted as what is called a thorough free-thinker. Gradually, however, he returned to the Catholic fold, and has finally become the bulwark of the Roman Catholic clergy and the Roman Catholic faith in its relations to science. Thus he maintains the thesis that the origin of species can not be explained by the Darwinian or Spencerian views. He accepts the theory of selection, and on the basis of the survival of the fittest he maintains that it alone is not enough, and has so dovetailed the doctrines of Darwin with those of miraculous intervention and Divine interference in the course of nature as to reconcile in the most ingenious manner the largest philosophical data with the narrowest theological interpretations. Thus he stands at once as professor of Catholic theory, a well-known and accomplished Darwinian, from a certain point of view, and at the same time as the recognized and most dangerous enemy of modern interpretation of the facts of biology. This singular position was demonstrated to the utmost in the opposition which he headed in England to the Jules Ferry law in Paris for destroying the Jesuit schools. He has maintained by an ingeniously-worded petition, to which he obtained the signatures of a large number of persons here, the cause of Roman Catholicism and the Jesuit schools from the basis of free thought and free teaching. You will see therefore that I was right in saying that Mr. Mivart is one of the most interesting exponents of our complex modern science and civilization. With all this he is one of the most agreeable, accomplished, and frank

opponents whom it is possible to meet. His address is a remarkable production.

I am able to give you a piece of news which may possibly be of more interest here than with you, but which has not yet leaked out here owing to court etiquette, and that is that the late Dr. Murchison will be succeeded in his court appointment as physician to some of the members of the royal family by Dr. Wilks of Guy's Hospital. These appointments are always considered valuable here, as indicating, by public gazette, high professional status, and no doubt they have a definite value from that point of view as well as from the social status which they confer. Dr. Wilks is perhaps at the present moment the leading representative of Guy's Hospital, and counts among the most pleasant, original, and genial representatives of the school of skepticism in medicine. He has doubts about every thing, and represents the accomplished physician of the expectant school. He gave last year the Harveian oration, but he was hardly seen there at his best. You will probably know him best on your side of the water as the author of the best lectures on Pathological Anatomy which have been published for many years in the English language.

Some stir is being made by the return of Surgeon-Major Reynolds, the hero of Rorke's Drift in Zululand. This brave and gallant medical officer fortified his hospital, defended his patients with the skill of a military commander, in the intervals attending to their medical and surgical wants. Subsequently he repeatedly exposed himself under fire to obtain ammunition for the defense of his wounded, and ultimately succeeded, when driven by fire from his hospital, in rescuing all but two of his patients from the hands of the enemy and bringing them safely into the redoubt of mealy-bags. He has worthily received the Victoria cross and also the gold medal recently instituted by the British Medical Association for distinguished services, which can only be given under the most exceptional circumstances to persons who have rendered gallant and signal services to humanity and reflected honor upon medicine by their character and their conduct apart from scientific achievements. The only other holders of this medal are Mr. Davies of Pontypridd and his assistant, who descended into a coal-mine in Wales some years ago at great risk to their lives, and nobly devoted themselves, under circumstances of imminent peril, for several days to the care of the miners who were there

immured. Dr. Reynolds is an Irishman, and is about to be publicly fêted by the Irish College of Surgeons and the British Medical Association. Public recognition of medical heroism is rare, and it is well that the profession itself should give due and public honor to those men who, by signal acts of heroism and devotion, reflect credit upon themselves and their profession.

The plague report of Dr. Payne and Surgeon-Major Colville has just been published. These two gentlemen were sent out by the British Government to Astrachan rather late in the day, and only arrived when the plague was dying out. It could be calculated on with tolerable certainty that they would never be allowed to see a case of black plague, and so it turned out. They saw no case, and the great mass of the most valuable information was carried away by Professor Eichwald of St. Petersburg. They have brought back, however, the conviction that the quarantine imposed did nothing to stamp out the plague, which had in fact already died out before the quarantine was imposed. Moreover, they conclude that the story of this importation by vestments brought by Cossacks from Turks who brought them from plague countries without either the Cossacks or the Turks having suffered from the plague, or without any case of plague having broken out among their comrades, is a pure myth and fable. Surgeon-Major Colville, who accompanied Dr. Payne as one of the commissioners, has very little faith in the accepted doctrine of the importation of plague by clothing, etc. On the contrary, he believes that it springs up under suitable conditions in swampy grounds and where putrefying matter exists in given climatic states without such importation of germs. At any rate, even if the generation *de novo* is not admitted he believes that these stories of importation are without foundation. He has had considerable experience of plague at Pesth, Bagdad, Aleppo, etc. Public opinion in England is altogether opposed to rigid international quarantine, and our men of science are pretty unanimously of opinion that a return to the old oppressive measures of strict quarantine would be a denial of science as of national interests. They believe that a quarantine of observation is really all that can be demanded or even carried out between nations, and that for further protection it is the duty of each nation to look to its own internal conditions and to make its hygienic conditions so perfect that it may face a threatened invasion of epidemics with-

out fear. Strict quarantine in its fullest sense, the only sense in which it can be defended, is in Europe absolutely impossible between nations, and any attempt to enforce it would be intolerable. It would paralyze trade and produce worse evils than those it was intended to prevent. On the subject of disinfection we are all agreed here that all small articles should be burned, but that disinfection otherwise should be carried out in cremation-ovens at high temperatures of dry air, and that so-called disinfecting agents, especially carbolic acid, are valueless.

Scientifically of course we are hardly yet awake for the season, but one or two notable additions to medical literature have been made which are of themselves of enough importance to promise well for the coming year. Sir James Paget has reissued his clinical lectures and essays, adding some lectures on Gout and an essay on Some of the Sequels of Typhoid Fever, the latter in part based upon observation of the case of the Prince of Wales. These lectures are well worth studying, like all which come from Sir James Paget's pen; and indeed an attentive observer will notice that they contain the germs of evolution of disease of a perfectly philosophic character, and evidently based upon Darwinian ideas.

Another very valuable addition to medical literature is Dr. Gomers's Treatise on Medical Ophthalmoscopy. Dr. Gomers is one of the few physicians who thoroughly understand medicine and are thoroughly good ophthalmoscopists. He is also a good artist and an accomplished investigator, and after looking through this book I do not hesitate to say that it is the most important contribution to the subject which has yet been made; and as the subject is one which is quite in the order of modern ideas, and presents a field of undoubted scientific promise and as yet but little cultivated, considerable importance should be attached to this book.

The third part of Roscoe and Schorlemmer's Treatise on Chemistry treats of the metals and completes that which is now recognized as the best English treatise on the subject.

The New Sydenham Society has just completed a translation of Dr. Paul Guttman's Handbook on Physical Diagnosis, translated from the third edition by Dr. Alexander Napier of Glasgow. This seems to be a very thorough and useful clinical handbook.

Waring's Bibliotheca Therapeutica, from the same society, is a very learned and very valuable bibliotheque of therapeutics, chiefly

in relation to articles of the *materia medica*, but including many historical and therapeutical annotations, and giving a bibliography of British mineral waters. This is exactly the sort of book which such a society as the New Sydenham Society ought to publish, as it is one of great usefulness, and yet likely, from its somewhat peculiar nature, to have only a limited circulation. For studious persons it will be undoubtedly a valuable book.

Sir Thomas Watson has republished in a handy little volume the elegant little essays which he has recently contributed to the *Nineteenth Century*, in which he urges on the public the necessity of taking steps for the abolition of zymotic diseases, such as hydrophobia, rabies, smallpox, typhoid fever, and the like, by more energetic employment of the means of prevention of zymosis.

The societies are only just open; but the first meeting of the Clinical Society was marked by the reading of a paper by Dr. William Ord of St. Thomas's Hospital on *Myxedema*, a curious cretinoid condition which has been first described by Sir William Gull and himself, and which is likely to find a permanent place in medical nosology.

NATIONAL PUBLIC HEALTH LEGISLATION.

To the Editors of the Louisville Medical News:

The October number of the *American Journal of Medical Sciences* contains a review of National Public Health Legislation, by J. S. B., the object of which seems to be to call the attention of physicians throughout the country to the importance of using their influence with their respective congressmen to the end that additional legislation, powers, and continuance be granted to the present National Board of Health.

J. S. B. calls attention to the fact that but little attention was given to public health by Congress prior to 1875, and then comes to the meeting of the American Public Health Association at Richmond, where the idea of the present National Board of Health was hatched; ignoring the bill that was passed by Congress during the last days of the session of 1877-78, which bill was rendered inoperative by a failure to appropriate funds to carry out its provisions.

In regard to the meeting of the American Public Health Association at Richmond in November of last year, he says: "To this meeting came all the leading and professional sanitarians, and also many physicians and laymen who had been in the midst

of the epidemic [yellow fever]. . . . It was supposed that the report of the Yellow-fever Commission would be presented at this meeting, and that the Association, after due deliberation, would give an opinion as to what should be done; but the report was not ready." . . .

There could hardly be any supposition about the report of the Commission to be made at the Richmond meeting. Circulars were sent broadcast by the executive committee of the Association, stating that the Yellow-fever Commission would make a preliminary report at that meeting, and earnestly inviting all interested to attend. The great interest taken throughout the country, and particularly in the South, in the labor of the Commission, which prosecuted its work in the midst of the epidemic, caused the largest assembly of "leading and professional sanitarians," physicians and laymen, that ever had or will attend the meetings of the American Public Health Association. The South was probably never so well represented in any medical or scientific body.

The Yellow-fever Commission did make a partial report, but it was noticed early in the session that that harmony, good feeling, and unanimity of action so necessary for a calm and due deliberation of the situation did not exist. Subsequently the Commission was ignored—I may say "squelched"—and the gentleman who had directed its work was severely "snubbed." The Association even refused to advise as to its future action, or take any further notice of it whatever. Great dissatisfaction was expressed by a large number of those in attendance, particularly those from the sections of the country which had suffered so severely, and expected some relief or suggestions looking to that end.

In his criticism on the Lamar and Harris bills to establish a national quarantine, J. S. B. shows that the greatest objection to them was the feature giving the supervising surgeon-general of the Marine Hospital the power to execute the law. A minor objection was that they (the bills) reduced the matter to one of quarantine only. These objections came from whom? It is quite probable that the distinguished senators who introduced these bills had investigated the matter, and knew the wants of their constituents, in fact of the whole South, and so prepared their bills that they could be efficiently enforced at the least expense. J. S. B. says leading sanitarians objected, but the executive and advisory committee of the American Public Health Association saw fit to issue a "mem-

orandum" to aid in the defeat of these bills, and declaring the perfection of the one passed in 1877-78 as "unwise;" and under this pressure the Lamar and Harris bills went to the wall, and the McGowan bill, constituting the present National Board of Health, was passed.

In the review, and in circulars issued by the Board, two questions are asked:

1. Is the present constitution of and the legislation affecting the National Board of Health satisfactory?

2. If not satisfactory, what changes should be made, assuming that a national health organization is desirable?

In answering these questions it is necessary to examine the powers possessed by the Board, and if it has or can meet the requirements or necessities of the people.

The powers of the Board, as given by J. S. B., "lay, first, in the character and reputation of its members, and the probability that their advice would be received with respect by local organizations; second, in the fact that five hundred thousand dollars had been given it by Congress to enable it to aid and coöperate with such authorities, *and that the desire of states and cities to obtain a portion of the money would induce them to consult the wishes of the Board independent of any weight they might give to its advice as coming from a body of scientific men.*" (The italics are mine.) That is, they can give advice when called upon, and the money is to induce states and cities to consult them when they otherwise might not, provided they certify that they can not help themselves or get along without it. Then the Board is powerless either to enforce quarantine or make a city keep itself clean.

What additional powers, or rather what powers, can Congress bestow upon the National Board of Health? It can not give it power over states and cities. Congress can pass a quarantine law, such as the South wanted, and the matter is narrowed to one of quarantine at last; and it is safe to say if such a bill is passed, that its provisions will be carried into effect by some existing arm of the government, as the navy, supplemented by the revenue, marine service, and other organizations that can best coöperate.

As to the last proposition and appeal to physicians by J. S. B., "whether the present National Board of Health shall be preserved and improved, or abandoned and broken up," etc., it certainly is desirable to maintain a health bureau in Washington. The

statistics relating to health in the United States, in individual states and cities and towns, should be collected and compared. These would be valuable to the country, and might furnish a basis for legislation—national, state, and municipal—improving the sanitary condition of unhealthy localities, and so constantly reduce the death-rate. Communications might be invited from physicians in times and places of epidemics, and on the prevalence of any disease, and from eminent men on matters in general pertaining to health, and publications of these made as often as thought best. Such a health bureau could be made invaluable, and it could be done by having a man noted for his ability at its head, with a sufficient clerical force, if it be thought not desirable to attach it to some existing branch of the government. Certainly it could be done, and fully as much accomplished as by the present cumbrous and expensive organization. W.

LOUISVILLE.

To the Editors of the Louisville Medical News:

I notice in the New York Medical Journal for September, 1879, under the heading of "Malaria the Cause of Leprosy," that such eminent authority as Mr. Erasmus Wilson says that "leprosy is entirely due to malarial poison." "Dr. L. P. Yandell, who quotes this statement in the News, agrees with Mr. Wilson." I should like to ask the gentlemen how they can account for the prevalence of leprosy in these islands where the usual manifestations of malaria, such as intermittent and remittent fevers, are rarely met with; or are we to believe from these statements that this is simply a perverted manifestation of this poison? That leprosy is contagious and inoculable is no longer a question of doubt in my mind; and that the present large number of lepers at the segregation (about seven hundred and fifty) is due to promiscuous vaccination; and further, that leprosy is hereditary.

How then, Messrs. Editors, will you be kind enough to ask the gentlemen through your columns, are we to reconcile these conflicting theories?

F. H. ENDERS, M. D.

SANDWICH ISLANDS, October 15, 1879.

SPECIALTIES.—Specialties of practice are one thing, and in the main, we think, undesirable; specialty in study is quite another matter.—*London Lancet.*

Books and Pamphlets.

ON THE CONNECTION OF THE HEPATIC FUNCTIONS WITH UTERINE HYPEREMIAS, FLUXIONS, CONGESTIONS, AND INFLAMMATIONS. With Appendix. By L. F. Warner, M. D., Boston, Mass., Vice-president of the Gynecological Society of Boston, and Physician to St. Elizabeth's Hospital for Women, etc. Reprint from Transactions of the American Medical Association, 1878.

Dr. Warner's effort in this exceedingly valuable essay, which should be universally read, is to direct attention to the liver as an important factor in gynecological troubles. This organ he considers "the great balance-wheel on whose healthy action depends the normal condition of many of the principal functions of the human economy." He says:

I have never seen a case of *hemorrhoids* in either male or female but that there was either then existing or had existed functional derangement of the liver.

In many cases *metrorrhagia* may be directly traced to congestion of the liver. I presume there are but few physicians of experience who have not seen metrorrhagia yield at once to a proper appeal to that organ; and this is true of *inflammation and hypertrophy of the uterus, displacements*, and in many cases *menorrhagia and also fibrous uterine tumors*.

He cites the following emphatic testimony, with much more, in substantiation of his views:

"There can now be no doubt that in this gland processes go on which exercise an important influence over the principal vegetative functions—sanguification and the metamorphosis of tissues. What remains to be done is to ascertain at the sick bedside, and by means of experiment, the extent of these processes, and to fix with precision their influence on health and disease."—*Frerichs*.

"In uterine disease we find another abdominal organ not unfrequently sympathetically affected. I mean the *liver*. In very many women the biliary secretion becomes disordered at the return of each menstruation; in some a state of constipation, in others a state of diarrhea, recurring during each menstrual period. The biliary and catamenial secretion seem almost vicarious of each other; and, as in other cases in which such physiological relations exist, the two functions are not infrequently simultaneously deranged in their pathological actions also, both being occasionally increased or decreased together; or, what often happens, one being increased in extent and activity when the other is diminished. In some cases the cure of a uterine disease seems also to rectify the co-existent and perhaps resultant hepatic derangement; while no doubt also in other cases we find ourselves altogether unable to amend and arrest uterine diseases and discharges, until we have, in the first instance, used appropriate means to modify and correct the attendant hepatic disorder."—*Sir James Y. Simpson*.

He quotes the great Murchison's classification of functional derangements of the liver and their consequences; and lest some

of our readers may not be familiar with this, we reproduce it:

1. *Abnormal Nutrition*: An abnormal deposition of fat. Opposite condition of emaciation.

2. *Abnormal Elimination*: Retention of cholesterine, etc.

3. *Abnormal Disintegration*: Imperfect disintegration of albuminous matter, or its non-conversion into a soluble product (urea), which can be readily excreted by the kidneys.

4. *Derangement of the Organs of Digestion*: Deficient or abnormal appetite, flatulence, constipation, and sometimes diarrhea.

5. *Derangement of the Nervous System*: Such as pain in the limbs, hepatic neuralgia, headache, vertigo, convulsions, paralysis, depression of spirits, and irritability of temper.

6. *Derangement of the Organs of Circulation*: Palpitations, irregularities and intermissions of the pulse, angina pectoris, etc.

7. *Derangement of the Organs of Respiration*: Chronic bronchitis, spasmodic asthma, and chronic catarrh of the fauces.

8. *Derangement of the Urinary Organs*: Deposits of lithic acid, lithates in the urine, renal calculi, diseases of the kidneys, cystitis.

9. *Abnormal Condition of the Skin*.

Dr. Warner employs mercury, but has great faith in hydrochlorate of ammonia in hepatic derangements; and of arsenic and quinia he says:

Arsenic, a remedy so often used in malarious and cutaneous diseases, and so effective in removing the moth-spots which we frequently see following pregnancy and chronic uterine disease, produces these results by its action first upon the liver. . . .

Another remedy whose therapeutic action is potent on the liver is *quinine*, in counteracting malaria and all diseases dependent upon functional derangement of the liver, such as neuralgia and the many forms of derangement of the nervous system.

Iodide of potassium we would add to this list of powerful remedial agents in hepatic congestion and obstruction, and we have cured prolapsus uteri and other uterine derangements with quinia and iron alone. As to the quinia's method of action, we have no theory to offer. The fact is sufficient.

TOBACCO-POISONING AND ITS EFFECTS UPON THE EYE-SIGHT. By A. W. Calhoun, M. D., Atlanta, Ga., Professor of Eye, Ear, and Throat Diseases, Atlanta Medical College. Reprint from Transactions of the Medical Association of Georgia.

"He who doth not smoke hath either known no great grief or else denies himself the softest consolation known to man, save that which comes from heaven. What softer than woman? asks the young lover. Young lover, woman teases as well as consoles us. While we are young and handsome she soothes and caresses us, but when we are old and ugly she snubs and scolds us. Therefore, the next time Juno ruffles thee, O Jupiter, try the weed."

The great English novelist does no more than justice to the delicious object of his eulogy, but he perpetrates a shameful slander on our wives, as we old fellows all can testify. Exact truth is difficult to produce, and writers rarely fail to exaggerate or to diminish facts according to their personal prejudices.

Dr. Calhoun, for instance, we think, makes tobacco blacker than it is; for while, as has been long known, its use is injurious to eyes, ears, nose, mouth, and throat in many instances, and especially where these regions are predisposed to disease, yet it is not so commonly harmful as he thinks. Dyspepsia, insomnia, anorexia, melancholia, irritability, nervousness, and even ataxia may be in not a few instances traced to the inordinate use of tobacco; and we remember reading an anti-tobacco essay in which cataract and one hundred and fifty or two hundred other diseases were charged to this source. But tobacco is a blessing to those who can use it with impunity. When one is weary, it refreshes; when one is sad, it cheers; when one is well, it is a jolly companion and comforter. Great indeed is our grief that we can not enjoy it without harm.

Dr. Calhoun's paper is interesting and instructive, and evidently he is one of the specialists who looks deeper than local evidences of disease for the source of the maladies he is called to treat. The essay will well repay perusal.

The Louisville Medical News.

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GERMAN PROFESSORS.—In the German universities the professors are men who have distinguished themselves by their contributions to science. They have usually begun their career as "privat docenten," or private teachers.

Miscellany.

SMOKING IN THE DARK.—The Lancet says: The question has been asked why a man smoking a pipe should not be aware when the candle is put out whether the tobacco is still burning. There is, first, the point of fact. It may be questioned if any one really finds himself in the difficulty supposed. We believe, under certain conditions, the doubt may exist. Smokers are not always large consumers of the weed. They often form a habit of taking very little smoke into the mouth, and of breathing chiefly through the nose. The consequence is that the "pleasure" of smoking *may* consist in having something to do, and the sensation of doing that something is quite as likely to be a matter of seeing as well as tasting. In cases of this class the smoker, being deprived of his accustomed evidence or means of enjoyment, may be distressed. Of course it is not alleged that a man can not ascertain whether the contents of his pipe are lighted when he happens to be in the dark. That would be sheer folly. Meanwhile the experiment, if such it can be called, is well calculated to draw attention to the economic question how far the pleasure of smoking is generally imaginary. If it be, a suitable substitute for the expensive cigar and the wasteful pipe might be found in some permanent material, of proper consistency, molded into the approved shape. It has long been a mystery to some smokers how other smokers could systematically smoke bad cigars. The mystery may be dispelled if it should turn out that the fumes of the tobacco consumed are not even inhaled.

[Evidently this writer is not a smoker. The fact he alludes to is curious, but it is a fact.]

THE PRESENT DRIFT OF MEDICAL SCIENCE. It might be well for the medical philosopher to take some careful and exact observations of the status of medical science at the present day, and to note the direction and tendencies of present studies; to take soundings and calculate the latitude and departure and the course and distance, as it were. At no moment in the world's history was so much mental power directed in the channel of medical study; never were so many giant intellects laboring to advance the various departments of medical science. But the question arises, Of what practical value are all these studies and investigations with re-

lation to therapeutics, the great end and aim of medicine? Are microscopic researches made available, or is there any attempt to apply them? Does not the physiology of the day deal mainly with abstractions? Is diagnosis cultivated as a means, or as an end? *Is it not a growing tendency of medical education to crowd the mind with theoretical knowledge and make scholars rather than practitioners!* Is the healing art on the advance? Is there not an increasing want of faith in medicines, in therapeutic agencies? Are not visionaries and skeptics in our profession upon the increase every where?—*Pacific Med. and Surg. Jour.*

AWFULLY ENGLISH.—It is impossible to convince an average Frenchman, German, or Italian that decomposing dirt is not fit to be included in the list of common and safe edibles. Any concession he may make to your remonstrance or entreaties upon the subject of cleanliness is made with a shrug of the shoulders and a supercilious mien befitting the act of gratifying an innocent whim pressed by a lunatic upon some more than usually amiable attendant. The citizens of the Continent can not either comprehend or believe that sewage emanations are dangerous to health, or that a water-supply polluted by a leak from the neighboring cesspool or culvert is not likely to be innocuous. He drinks it himself, and lives or dies contentedly. He would deem it an act of revolutionary disloyalty to remonstrate with his own rulers against a system which makes the avoidance of epidemic disease little short of a miracle.—*Lancet.*

SYPHILIS IN RUSSIA.—*La Médecine Contemporaine* gives a *résumé* of a communication made upon this subject at the Medical Congress at Montpellier. Syphilis, says Dr. Podolinski, is the principal scourge of the rural populations of nearly all Russia, but its ravages are greatest in the south, in the governments of Kiew, Poltava, and Theringnon. In some of the villages one third of the inhabitants are contaminated. In Taroslawka, of one hundred and twenty families, thirty are certainly syphilitic and sixty-four only are *known* to be healthy. The influence of the disease on the degeneration of the population and the increase of mortality is very great. There is scarcely an example of a member of an infected family passing the age of sixty, and the death-rate among the syphilitic is more than one half greater than of the remaining population. Heredity

and marriage are the principal means of its propagation, but special causes exist in the south and chiefly in the government of Kiew. In this province there are numerous beet-root plantations and manufactories of sugar, but the number of workmen being insufficient, the employers seek to promote the increase of the population artificially. For this purpose spirits are freely distributed to the young adults, music provided several times daily for their entertainment, and every opportunity afforded for unrestrained intercourse of the sexes. The villagers, unable to resist these attractions, leave their families for the plantations. Girls who have passed a season at the "beet-roots" can not be kept at home. The regular life of their families becomes intolerable to them. As soon as the musicians come by in their triumphal cars, drawn by four magnificent horses, the wise exhortations of parents are forgotten, and they allow themselves to be carried off—to return only at the end of the season, tired, demoralized, and diseased.—*Lancet.*

TO THE PROFESSION.—Physicians throughout the United States of America are requested to answer the following questions: 1. How many postal-cards have you sent during the past year to medical journals, asking for a specimen copy "with a view to subscribe?" 2. How many journals have you received in return? 3. How many of these have you subscribed for? 4. How many medical journals do you take regularly? 5. How many do you pay for? 6. What has it cost you for postal-cards as above? 7. How many pages of reading-matter has this arrangement supplied you with? 8. Do you not regard this as the best plan of encouraging and sustaining the medical press, particularly in an economical point of view?—*Pacific Medical Journal.*

PISTOL-SHOT WOUND OF THE BRAIN.—Dr. Jno. E. Gibson, of Nashville, Tenn., reports, in the Nashville Jour. of Med. and Surg., the case of a patient who lived six years with a bullet in the brain, in the center of the right anterior lobe. "A feature of considerable interest was the perfect freedom from any of the numerous troubles generally dependent on a foreign body or growth upon the brain. Another singular point is that the fatal attack was attributable to no external cause, nor did the autopsy disclose the reason why the bullet, which had lain in the brain perfectly harmless for six years, should have so suddenly caused his death."

CRIMPING FISH.—There would seem to be some misapprehension as to the purpose of crimping fish. It is not done solely to produce contraction of the muscles, or it might, as some writers have suggested, be deferred until after death—in fact, any time before the rigor mortis subsides. The primary purpose, however, is to let the blood escape, and this can not be accomplished unless the fish is in some way cut during life, so as to bleed. Whether the measures taken to effect this object are cruel may be an open question, upon a level with the skinning of eels alive, and perhaps the eating of live oysters. Boiling lobsters, crabs, and crayfish is a more savage mode of preparing fish for food than crimping, but no one takes up the cudgel for the poor creatures done to death by what may be hideous torture. The question as to the expediency of crimping salmon, cod, and turbot is chiefly one of bleeding to death, instead of simply allowing the fish to die slowly from the deprivation of oxygen, which in the case of warm-blooded animals we call “suffocation.”—*Lancet*.

A MEDICAL MEDLEY.—The following parody upon Bishop's well-known glee, “O who will o'er the Downs,” was sung at the dinner of the Bradford Medico-Chirurgical Society last week (Med. Press and Circular):

O who will o'er the roads so rough?
O who will with me drive?
O who will come, and fast enough
To keep a wife alive?
The husband he has come from far,
The mother longs for me;
But husband's love nor mother's care
Suffice to set her free.

I saw her in the morning gray;
She bade me come again,
But at the eve of yesterday
I left her free from pain.
The nurse and friends had gone to sleep,
And none were there to see
The true wife wake and walk and weep,
Nor bring her wails to me.

I promised her to come again
Whene'er for me she'd send;
Nor darkness, thunder, nor the rain
Should keep away her friend:
I promised her to come at night,
Nor made her wait for me;
And ere the dawn of morning light
I set my lady free.

DELINQUENTS, ATTENTION.—A Western editor wishes no bodily harm to his subscribers, but he hopes that some of them in arrears will be seized with a *remittent fever*.

Selections.

Succinate of Iron in Gall-Stone.—In the able address delivered before the Gynecological Society, assembled last week in Baltimore, Dr. Thomas, president of the association, referring to the recent triumphs of and accessions to surgery, said it had even invaded the gall-bladder. In what manner and with what object has it made this raid? By cutting through the walls of the abdomen and then into the gall-bladder itself, with the object of removing therefrom biliary calculi! We must not be surprised to hear next of aspirating the fourth and lateral ventricles for drawing off serous effusions, or tapping the torcular Herophili for the purpose of depletion. Dr. Thomas selected an unfortunate example to illustrate the progress and paramount importance of surgery; for if there is any one thing that does and must forever belong exclusively to the department of practical medicine it is the ready means physicians have at command of always being able to dissolve in the gall-bladder cholesteric gall-stones with as much certainty as if these same calculi were in a glass tumbler before them. Eight or ten years ago a much-abridged paper was published in Ray's Journal recommending chloroform in doses of from five to sixty drops every four or six hours, as a sure means of dissolving in the gall-bladder calculi, however large or numerous they might be. In the American Journal of the Medical Sciences for July, 1867, I also advised the use of succinate of iron as a solvent of gall-stones and of cholesteric fat, whether in the coats of arteries or elsewhere. This preparation contains more nascent appropriable oxygen than any other known therapeutic agent, in its decomposition and recompositions can do no harm, and is of all the ferruginous articles one of the very best for malarious cachexy, or in any other conditions where the blood globules diminish or need rehabilitation. Nitric acid contains, of course, a great deal more oxygen, which is, however, too easily taken up where it is not wanted; whereas the oxygen in succinate of iron is only appropriated when required, and if not needed is not appropriated at all. And for this reason, in all those cases of liver trouble where nitric and hydrochloric acid are usually prescribed the succinate of iron will, it is believed, be found on trial far more efficacious. I have used the article for thirty-five years, prepared as a hydrated succinate of the peroxide of iron. Held in suspension by pure water, in impalpable form, it is permanent when carefully manipulated. Considering the activity of oxygen, it is easy to see what this compound can do with cholesterine and cholesteric fat, containing only one and one half per cent of that omnivorous agent. In the Transactions of the Kentucky State Medical Society for 1877 Dr. John A. Ochterlony reports a number of cases of cholelithiasis which were treated with complete success by the use of succinate of iron alone. In these critical and urgent cases of gall-stone, where often no time can with safety be lost, I prefer the conjoint use of terchloride of formyl and Stewart's preparation of the succinate of iron. In the last three cases treated successfully I commenced the use of both chloroform and succinate of iron as soon as the existence of a gall-stone was beyond reasonable doubt established, giving the former in doses of ten drops every four hours, and of the latter a teaspoonful half an hour after each meal.—*T. H. Buckler, M.D., in Boston Medical and Surgical Journal*.

Professor Verneuil on the Treatment of Diseased Joints.—Prolonged fixation incontestably modifies healthy joints, but not profoundly either in form or in the structure of their constituent parts, or as regards their ultimate function. There does not exist in scientific records any authenticated examples of ankylosis produced in a healthy joint by mere fixation. The cases hitherto advanced in support of such an idea are capable of another interpretation. On the other hand, there are on record numerous examples of joints which have been kept immovable for long periods, and have regained their anatomical and physiological integrity. Inflammation no doubt occupies a first place among the causes, and as it is absolutely proved that fixation is an antiphlogistic of the first rank it is illogical to think that it produces those effects which it is known to cure. If in certain cases fixation contributes to produce ankylosis it is not that fixation which the surgeon secures by apparatus, but rather that which is due to the contracture of the peri-articular muscles. As much as the latter, which may be called active, *favors* and indeed provokes articular disorders, by so much the former, which is *passive*, is powerful against them. There is therefore a capital distinction to make between the two varieties of fixation. Ankylosis, on the other hand, far from being produced in articular disease, is but a rare termination to it; exceptional in strumous arthropathies, a little more frequent in rheumatic mono-synovitis, ankylosis is especially to be feared in suppurative and traumatic arthritis, though no one variety of disease is certain to produce it. The exaggerated fear therefore of ankylosis has caused many practitioners to make grave errors, and has frequently led to the too early leaving off of passive fixation and the too premature recommencement of movement. Mobilization consequent on joint-disease is of two kinds—artificial or mechanical, and natural or physiological—brought about by muscles, either voluntary or otherwise. The former, which ankylophobes use extensively, is admissible when we have to deal with the rectification of vicious attitudes of limbs and to treat confirmed ankyloses; but it ought to be rejected as useless, powerless, and dangerous if we would avoid ankylosis. The latter, on the contrary, is of extreme utility if applied at an opportune moment; with time it accomplishes in a remarkable degree the restoration of the articular function.

He concludes by saying that artificial fixation on the one hand and natural fixation on the other are the two principal therapeutic agents in arthropathies; the one combats anatomical lesions, the other restores physiological action. We may assist the former by different means—local, pharmaceutic, or hygienic; we favor the second by electrization of the peri-articular muscles, practiced during the period of fixation, with a view to the prevention of degenerescence. To combat the inflammation is the best means to prevent ankylosis. "As regards surgical measures proper, I know of none better than continued extension, and in extreme cases preventive resection."—*Medical Times and Gazette*.

Direct Application of Oxygen to Ulcerating Surfaces.—A patient was admitted into St. Thomas's Hospital who was suffering from sphagenic ulceration of the throat. It was progressing with great rapidity, and in a very few days had destroyed the uvula and the greater portion of the soft palate. There was no reason to believe that it was the result of syphilis, except the general opinion that that form of ulceration

is one of the subsequent stages of the specific disease. There was no secondary eruption, and she denied that she ever had or been treated for it; but I hazard no opinion on that subject, as it is difficult to rely upon any statement of a hospital patient in such a case. What was left of the palate was of a bright crimson color, with elevated edges, discharging some dirty cream-like matter. The breath was very offensive, and she could neither speak intelligibly nor swallow liquid, which regurgitated through the nose.

I made the patient inhale pure oxygen made from peroxide of manganese and chlorate of potassa, with the satisfactory result of arresting the destructive process. Though the greater part of the soft palate and uvula no longer existed, and speech was unintelligible, and fluid passed through the nose instead of downward, that which was left soon assumed a healthy character and healed, and within two weeks some part of the palate was operated on and a metallic plate supplied, and she was discharged in as satisfactory a condition, both as to swallowing and speaking, as could be hoped for after the destruction of the parts to so large an extent.

I had an opportunity of trying the same plan soon afterward with exactly the same effect. There was some inconvenience in the use of the laboratory gasometer, as the patient could not be prevented from exhaling the gas into the gasometer after the inspiration, and it was naturally objected to. So I procured two large bags, to each of which there were attached two openings—the one for introducing the oxygen from the gasometer, and the other for inhalation. To the latter two stop-cocks were attached, and a glass mouth-piece, with a valve, which allowed the free inspiration from the bag; but the expired gas was prevented from being returned into it, so that I had always at command a quantity of pure oxygen for respiration.—*Dr. Goolden, M. D., in London Lancet*.

Extempore Preparation of Various Quinia Salts.—*Zeit. Allg. Oest. Apoth. Ver.*, from American Journal of Pharmacy:

Quinia Carbolate. Pure quinia, ten grains; carbolic acid, five grains.

Quinia Citrate. Pure quinia, fifteen grains; citric acid, eight grains. This product is equivalent to twenty grains citrate of quinia.

Quinia Hydrobromate. Quinia sulphate, one hundred grains; potassium bromide, twenty-eight grains. This product is equivalent to one hundred grains quinia bromide.

Quinia Hydriodate. Quinia sulphate, ninety-five grains; potassium iodide, forty grains. The product corresponds to one hundred grains quinia iodide.

Quinia Hydriodate Iodide. Quinia muriate, seventy grains; potassium iodide, fifty grains; iodine, twenty grains. These constituents are triturated together with a little alcohol. The product corresponds to one hundred grains quinia hydriodate-iodide.

Quinia Hypophosphite. Quinia muriate, one hundred grains; lime hypophosphite, twenty-four grains. The product corresponds to one hundred grains quinia hypophosphite.

Quinia Lactate. Pure quinia, seventy grains; lactic acid, thirty-five grains. If necessary, these are triturated together with a little alcohol. The product corresponds to one hundred grains quinia lactate.

Quinia Phosphate. Quinia sulphate, ninety-four grains; sodium phosphate, eighty grains. The product corresponds to one hundred grains quinia phosphate.

Calomel vs. Hydrargyrum cum Creta.—I have been reading the communication of Mr. E. Marlett Boddy on the advantage of calomel as a remedy in some of the diseases of childhood. I write now a few lines to express my entire concurrence with the author in his disapproval of the well-known powder of mercury with chalk. As a means by which the system may be gradually saturated with mercury, small doses of mercury and chalk powder are doubtless very effectual; but as a cholagogue to induce secretion from the duodenum and liver I believe a far more certain medicine is found in calomel. One grain of calomel triturated for some time with twelve grains of sugar of milk forms a very active cholagogue powder when administered in a dose of one or two grains. The well-known blue pill also may be depended upon for cholagogue action, especially if the pill mass be of some age, so that a small quantity of the suboxide of mercury has been developed in it. Metallic mercury, "killed" by minute trituration with sugar of milk, forms a gray powder that can be easily prepared in the same way as the hydrargyrum cum creta, and, so far as my experience goes, is a preferable medicine. Hydrargyrum cum magnesia I have also tried in one case, but have nothing special to report of its action. I give a decided preference to calomel and blue pill as the best forms for obtaining the cholagogue action of mercury. The practice of frequently administering small doses of hydrargyrum cum creta with a view to correcting secretions is objectionable, as its tendency is gradually to impregnate the system with the mercury, and so produce irritability and anemia.—*John C. Thorowgood, in Medical Press and Circular.*

Operating for Cataract.—Dr. Wolfe's method of obviating the risk of failure in cataract extractions is thus noticed in the current number of the *Centralblatt für Practische Augenheilkunde*. In cases of infantile cataract Dr. Wolfe opens the capsule, and two or three days later he removes the softened lens with a broad needle, rendering thereby the use of pumping instruments unnecessary. In senile cataract he makes, two or three weeks before, a narrow iridectomy downward, in such a manner as not to interfere with the ciliary border of the iris. For the removal of the lens he uses speculum, forceps, and Graefe's knife, with which he opens 1/3 more than the third part of the corneal circumference at its scleral border, leaving a narrow bridge. Speculum, knife, and forceps are then put aside, the capsule is opened, the bridge divided with a very small cornea-knife, and the cataract removed by soft digital pressure. The use of chloroform is avoided. Traumatic cataracts, when *in situ*, are treated in the same manner: when dislocated forward they are extracted without iridectomy; when luxated backward they are brought into the anterior chamber and then removed. We recently had an opportunity of witnessing the elegant performance of this operation and convincing ourselves of the safety of the method.—*Med. Times and Gazette.*

Colloid Degeneration of the Skin.—A case of this rare skin-disease is reported by M. Ernest Besnier in the last number of the *Gazette Hebdomadaire*. The patient, a man aged forty-six, entered the St. Louis Hospital in July, 1879, for extensive pityriasis. It was then noticed that the upper part of his face was the seat of a peculiar eruption having the appearance of "citrine" vesicles. These varied in size

from a bright yellow spot only visible with the aid of a lens to a mass as large as a grain of corn. Upon pressure and puncture it was found that the eruption was vesicular only in appearance, and upon scraping the skin a colloid substance came away in the curette. Similar deposits of this gelatinous matter were seen on the inner side of each cornea, and one patch existed on the septum, in the left nostril. Locally the eruption did not seem to have caused any trouble; at any rate not before the patient's attention was called to it. The general health was satisfactory; urine normal; the liver and spleen were healthy; the appetite and digestion good, although the patient sometimes suffered from colic and pneumatosis. The only complaint made was from occipital headache, which occurred daily. Microscopical examination of a portion of the skin showed that the lesion consisted of a colloid degeneration of its connective tissue. M. Besnier thinks that this case is analogous to one related by E. Wagner in the *Archiv der Heilkunde* for 1866, and improperly described as "colloid-milium."—*Lancet.*

Hysterical Retention of Urine.—A great rule in hysterical retention is *not* to draw off the urine. If you once begin to do so you will have plenty of work supplied to you. I do not mean to say that in no case are you to draw off the urine, because the bladder may become so distended that if you did not draw it off you would do the woman serious injury; but after drawing it off, and after observing that the bladder has contracted, I recommend you to abstain from further assisting the woman. Of course you must be quite sure of your case—that it is a hysterical case; and here the importance of diagnosis is immense. It would be a dreadful thing to do a woman a serious injury through having mistaken her case for hysteria. The way of treating these cases was well illustrated in an example which I had not long ago in the hospital, where a woman had been the torture of the physicians in the district from their being sent for at any hour of night or day to draw off urine. She was the *protégé* of all the Ladies Bountiful in the neighborhood, so that the doctors were afraid to treat her heroically. When she came into the hospital I said aloud in her presence what I did not mean, that although the bladder burst the urine was not to be drawn off. It never was drawn off again. She made her water regularly after that, and went home cured, very much against her will. Repeated catheterism is sometimes required in cases of dilated bladder in consequence of its large size and imperfect action; and some cases of irritable bladder from extreme size are cured by repeated emptying by a catheter and allowing the bladder to contract.—*J. Matthews Duncan, M. D., LL. D., in Medical Times and Gazette.*

Castanea Vesca in Hooping-cough.—By Dr. Rodenstein, New York, in *American Journal of Obstetrics*. Eight cases were reported completely cured in from ten days to four weeks. The extract of the dry leaves in one-dram doses every four or five hours was used.

Hepatic Cysts—A Novel Termination.—M. Arles, Montpellier: An elderly woman had a large tumor in right hypochondriac region. After exhibiting symptoms of peritonitis she passed a sac resembling a hydatid cyst, containing only a small quantity of bile-like fluid. Microscope showed acephalocyst.

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"NEC TENUI PENNA."

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

Two hundred and eighty-nine prisoners in the penitentiary at Frankfort are down with diarrhea. A communication between the drains and the water-supply of the institution is supposed to have caused the outbreak. Meanwhile the Kentucky Penitentiary is the most disgraceful affair on top of the civilized earth, and it behooves every doctor in the state to hammer this fact into his representative as far as he may be able to do so. There is no sentimentality in being disgusted at the terrible accounts which reach us of the misery, disease, and death springing from the filthy, overcrowded, and generally ill-conditioned prison-house with which the parsimony of our legislators has disgraced the state. No doctor should join in the hue and cry raised by a certain portion of the political press against the governor for his very proper efforts to mitigate the evil.

THE chair of Surgery in the Kentucky School of Medicine has been filled by the election of Dr. M. Kempf, of Ferdinand, Ind. Dr. Kempf is favorably known as a surgeon, and has contributed a number of interesting papers in his specialty to this journal.

THE Michigan Medical News asked for suggestions looking to the relief of the profession from the term "allopathy," and a correspondent is of opinion that the term "physiological school," as given to us by Grunvogle, a homeopathic luminary, is just the thing. It would be an excellent thing if the practice of physic could be based on

physiology and pathology alone, but it is a long way off just now. "Regular" "Rational," or "Decent" seem to be the only proper adjectives to use in connection with the true empiricism of medicine.

THE meeting of the American Public Health Association at Nashville, which adjourned Thursday—thanks to the growing interest in sanitary affairs and the liberality of the railroads—proved a grand success in point of numbers, and, we trust, in something else. We shall present an account of it next week. The meeting for 1880 will be held in New Orleans, though Louisville, from its central position, would have been a better place to secure a large attendance.

THE Canada Medical and Surgical Journal is upset at the remark made by Dr. Yandell, in his foreign correspondence, that the United States is the place for our medical students to study medicine, and that one might as well go to Paris or Vienna to learn morals as the practice of physic. But then there is no one so painfully foreign as your Canadian; and the idea of any thing good—let alone any thing best—in this "blasted country" is to him of course shocking in the extreme. Still they are mighty good fellows over the line.

ACCORDING to Dr. Hyndman, in the Cincinnati Lancet and Clinic, "Evansville has thirty thousand inhabitants and a corresponding number of doctors." We have often wondered what became of the annual crop from the medical schools.

Correspondence.

LEPROSY.

To the Editors of the Louisville Medical News:

Dr. F. H. Enders, of the Sandwich Islands, in charge of the lepers of that region, quotes me from the New York Medical Journal as agreeing with Mr. Erasmus Wilson that leprosy is entirely due to malarial poison. My statement in the LOUISVILLE MEDICAL NEWS, in a letter from London of July 26th, is that "leprosy and pellagra are developed by the malarial poison of a virulent form in hot climates in persons of scrofulous diathesis; bad food, bad ventilation, alcohol in excess, and other depressing agents often assisting in the production of the disease. Mr. Wilson's opportunities for seeing and studying leprosy have been abundant, and his opinions on all medical matters are worthy of the highest consideration." My own observation of leprosy is confined to six cases, having seen one in Paris since my letter was written. My opinions are based upon these cases.

Dr. Enders asks how the prevalence of leprosy can be accounted for in the Sandwich Islands, where the "usual manifestations of malaria, such as intermittent and remittent fevers, are rarely encountered." It is incorrect to say that intermittent and remittent fevers are the usual manifestations of malaria, meaning thereby the most frequent. They are simply the most commonly recognized. But the masked forms of malarial disease are innumerable, and are infinitely more frequent than the plain remittent or intermittent fevers. It is sadly true that masked intermittents in the form of acute skin-disease, and in gynecological, otological, ophthalmological diseases, etc., are very generally overlooked by the profession, and it has been a chief object of the writer for some years past to direct attention to this fact.

Dr. Enders does not deny the prevalence of malarial poison in the Sandwich Islands, and it is well known that this poison is rife there.

Dr. Enders's interrogatory is one of the many questions in medicine beyond the power of man to answer. We know that the manifestations of the malarial poison differ widely in different countries, likewise in the same country in different seasons, and also not infrequently in the same country in the same season. A short while since

in this city two cases of facial erysipelas, three cases of acute otitis, several nasal catarrhs, and several cases of acute dysentery came under my observation within a couple of days, all presenting marked symptoms of malaria, and all promptly yielding to the same treatment that I would use for intermittent fever. In some seasons we find boils prevailing as an epidemic; the same is true of felons, of impetigo, eczema, etc., just as it is of periodical diarrheas and plain intermittents. Why this should be so no one can tell.

I learned from Mr. Jonathan Hutchinson, in London, one of the highest dermatological authorities, that he considers the eating of fish the cause of leprosy. Dr. Enders's belief that leprosy is contagious and inoculable is not entertained by any modern authority. That it is hereditary no one doubts.

We hope Dr. Enders, who has under his charge nearly a thousand cases of leprosy, will favor the readers of the NEWS with his views *in extenso* on this subject at an early day.

LUNSFORD P. YANDELL.

LOUISVILLE.

To the Editors of the Louisville Medical News:

In your issue of the 8th instant Dr. L. S. Oppenheimer gives what purports to be a "Simple Perfected Test for Sugar." For the benefit of those of your readers who do not keep posted on chemical matters, I will say that Dr. Oppenheimer's test was published five years ago by Prof. W. S. Haines, of Chicago. Wheeler, in both his Organic Chemistry and Medical Chemistry, gives the test, crediting it to Haines. Dr. O. acknowledges that he owes to Haines the suggestion which led him to perfect his test; urging against Haines's test that it is not a quantitative test, decomposes, etc. Even a tyro in chemistry knows that any copper test for sugar which can be used for qualitative purposes can also be used for quantitative determinations, the same principle being involved in each case.

Prof. Haines writes me as follows: "The first account of my improved test for sugar was published in the Chicago Medical Examiner, December 1, 1874. I had then been using the test for somewhat more than two years. I employ the test for quantitative purposes. The formula I usually adopt is Fehlings, substituting for the tartrate an equal quantity of glycerine by measure or double the quantity by weight; also substituting liquor potassæ for the soda solution." Dr. O. has simply varied the proportions of

copper sulphate and glycerine, which certainly does not justify him in calling Prof. Haines's test "*my test*."

The doctor is not clear in the description of the test; *e. g.* after stating "the impossibility of finding sugar if albumen be present or the urine is alkaline" with any of the copper tests, he says, "None of these are obstacles to the qualitative application of my test;" yet when describing the test he says, "Ammoniacal or albuminous urine will not interfere with this reaction if a drop or two of a weak solution of bichromate of potash be added before testing." Then, after detailing the manner of using the test for quantitative purposes, he says, "Albumen interferes with this test, and must first be removed by coagulating with acetic acid," etc. According to Dr. Oppenheimer's own showing, the test is not perfect, and it most certainly is not original.

J. B. MARVIN, M. D.

LOUISVILLE.

Reviews.

Diseases of Women. By LAWSON TAIT, F.R.C.S. Second edition, thoroughly revised and enlarged. Specially prepared for "Wood's Library." New York: Wm. Wood & Co. 1879.

This is the latest of Wood's Library edition. It is equal to most of its predecessors. It is scarcely possible that the whole of practical gynecology can be put into one hundred and eighty-six pages; but with the exception of the major surgical operations, which are absent here, this book will be found a pleasant guide in some parts of gynecology. A praiseworthy feature is the reduction of heartrending technicalities to a minimum. The faults are the absence of good woodcuts, the condensed and careless form of writing, making ready reference impossible, headings and index to the various diseases being entirely absent.

The last two pages are devoted to the description of a substitute for sponge- and sea-tangle tents. It consists in dilating by continuous elastic pressure by means of box-wood or ivory conical plugs of various graduated sizes. The smallest is two inches long, three sixteenths of an inch thick at the apex and half an inch at the base. The largest is two and a half inches long, nine sixteenths of an inch in diameter at the apex and one inch at its base. All these plugs screw on a common stem seven inches in length. The stem rests on a bandage fastened before and

behind to a waist-belt. Any amount of desirable pressure can be made upon the stem by loosening or tightening the bandage. "The only caution needed," Dr. Tait states, "is to use a very gentle pressure, the only evidence being that the patient is not in pain." In an hour or two the plug is found buried to the hilt; the next size is then inserted, and so on until the necessary dilatation has been accomplished. The long plugs should have a cap at their bases to prevent their entering too far and impinging upon the fundus. This method of dilating the cervix seems to us much less open to danger than that of forcible rapid dilatation, or even than that by means of sponge tents or laminaria. The only objection to Dr. Tait's method that we can see is suggested by himself; that is, in severe flexions, the force being exerted in a different direction from that of the uterine axis.

The objections to the usual methods now applied are very numerous, and are familiar to every practitioner who has made any extensive use of either. The pain, inconvenience, fetid discharges, and after-dangers are only universal objections; and it is by no means uncommon, after having kept a patient in bed several days, inserting sponge tents each day, for the physician to be unable to insert his finger further than the os internum, and give up the examination in disgust, feeling that he has neither benefited his patient nor himself.

L. S. O.

A new Medico-Chirurgical Encyclopedia. Real Encyclopädie der Gesammten Heilkunde, Medicinische-Chirurgisches Handwörterbuch für Praktische Aerzte. HERAUSGEGEBEN VON DR. ALBERT EULENBURG, Professor an der Universität Griefswald. Urban & Schwarzenberg, Wien. 1880.

The first pages of this book have just appeared, and our opinion is asked about them. We are promised about twenty-five thousand pages of encyclopedia, or about two hundred and fifty to three hundred pages monthly until the demand has ceased. If the little volume before us is a fair sample of what is coming, we are certain that this encyclopedia is a *real* one, as its name indicates. It is not a competitor of Ziemssen, because in the editor's preface he mentions all the other European encyclopedias since 1812 except Ziemssen's. This fact is noteworthy, because Ziemssen is getting out of date, and many of its subscribers are dead, and others wish they had died before the—etc. Therefore a new encyclopedia is gen-

erally needed, especially at this moment, when medicine and surgery have reached that point at which they *may* be called "science."

But really the writers in this encyclopedia are nearly all practical men of world-wide reputation, and their names alone are a guarantee of the excellence of what is coming. The contents of the first book are handled in an entirely practical manner, particularly the articles upon Abdominal Typhus, Abortion, and Abscess. The prolix pathology, literature, etc. of Ziemssen's work are absent here, and therefore will suit the taste of the American physician better. A superfluity is the description of European bathing-places and mineral waters; but we doubt not that if the encyclopedia be translated into English these will be omitted. We predict for this encyclopedia a deserved success.

L. S. O.

Books and Pamphlets.

A NEW THEORY IN THE MECHANISM AND PROPER TREATMENT OF UTERINE DISPLACEMENTS. By Geo. Cowan, M. D., Danville, Ky. Read before the Kentucky State Medical Society. Reprint from American Practitioner.

The Louisville Medical News.

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Miscellany.

THE HISTORY OF AUSCULTATION.—Prof. Jas. T. Whittaker, in the Medical Record:

The discovery of auscultation is an exception in the history of medical discoveries. Of most of them, it may be said, they were developed by evolution. By line upon line they are written. The final revelation to decipher and illumine the entire text is a nat-

ural and necessary sequence, and the period of its disclosure is a mere question of time. But it was different with auscultation. It came all at once. There was nothing known of it for thousands of years, when with the advent of one man it came. Auscultation was the creation of Laënnec. The value of it has been disputed, but never its authorship. Percussion, the sister of auscultation, was mature already when auscultation was born. Some mode of percussion had been practiced since the time of Hippocrates. Preceding the publication of Laënnec, in 1819, there are only intimations of the possibility of auscultation, and these have been hunted out of musty volumes only within the last few years. All the glory of auscultation belongs to René Théodore Hyacinthe Laënnec; and the history of it, like the history of a nation founded by a great king, is in large measure the history of an individual.

Laënnec would probably never have discovered auscultation had he not been a pathologist first. It was at the time when clinicians were just beginning to look on diseases as lesions of organs. Laënnec was looking at the lesions in the lungs after death. He was at work upon a classification of diseases based on anatomical lesions, limiting himself, however, to diseases of the chest, which always seem to have had for him especial attraction. For eighteen years he worked in the field of pathological anatomy before the clinical fruits of it were ripe.

Laënnec was born in a little country town, Quimper, of Brittany, in the year 1781. He was raised by his uncle, a physician at Nantes, and came to Paris to prosecute his studies very young. His first public allusion to his work was in 1815, when he called the attention of the Paris Academy to the value of auscultation in a case of hydrothorax which he presented. It is supposed from the character of this case that his first intimation of auscultation was derived from the old Hippocratic succussion which has now fallen into disuse. But Laënnec had shown signs of talent long before this in works on Hippocrates and on entozoa.

It does not seem strange that auscultation of the lungs should have been discovered after and in consequence of auscultation of the heart; for the recognition of the tumultuous action of the heart had attracted the attention of even Hippocrates; and it was his custom, as it was the custom of all his followers, to put the hands over it—that is, to practice palpation—in diagnosis of its

condition. It is established by his writings that Hippocrates even put his ear upon the chest in his endeavor to recognize the condition of the heart; but, with the exception of a record by a single observer, nothing more was written of auscultation up to the time of Laënnec.

Laënnec's friend, Bayle, who had recently written the best work extant on tuberculosis, had called his attention to the ease with which the sounds of the heart might be recognized by the ear in cases where the hand might fail in appreciation of them on account of embonpoint or surface dropsy. Just such a case presented itself to Laënnec in the person of a young lady, and the reserve which this case imposed led him to roll up a piece of paper in the form of a cylinder, that he might practice mediate instead of immediate auscultation. To his great surprise the sounds of the heart, instead of being diminished, were intensified. It now occurred to him to extend his observations to ascertain the state of the lungs, the voice, the pleura, and pericardium. This was the birth of auscultation. It was in 1816; Laënnec was just thirty-five years of age. He worked with his new discovery three years, having been appointed in the meantime physician to the Hospital Necker, and then, in 1819, he published the first edition of the work which has since immortalized his name. It is in two volumes, and is entitled *De l'auscultation médiate ou traité du diagnostic des maladies des poumons et du cœur fondé principalement sur ce nouveau moyen d'exploration.*"

In 1823 he established his clinic at the Charité; in 1826 he became Professor of the College of France, Professor of the Faculty of Medicine of Paris, member of the Academy, etc.; and in the same year, in the act of publishing the second edition of his work, he fell a victim to the disease, phthisis, the recognition of which he had done more to establish than all his predecessors.

Laënnec's stethoscope was a curious piece of mechanism. It was a wooden cylinder a foot and a half long and an inch and a half thick. It was perforated throughout its length by a canal one fourth of an inch in diameter. The bottom of it was hollowed out like a funnel. For convenience of package it was made of two pieces screwed together in the middle.

THE medical societies of North Carolina and Rhode Island have admitted women to membership.

NEW PROCESS OF EMBALMING.—Mr. Kreisman, United States Consul-General at Berlin, in a dispatch to the Department of State dated 30th of October, communicates a description of a newly-discovered process for embalming or preservation of dead bodies. The inventor, it appears, secured a patent for the process; but the German government, conceiving a high appreciation of the importance of the invention, induced him to abandon his patent, and immediately after the government made public through the press a complete description of the process as set forth in the letters patent. The following extracts are translated from the publication, by the Prussian Minister of Public Worship, as given in the German newspapers at Berlin: "The dead bodies of human beings and animals, when treated by this process, fully retain their form, color, and flexibility, even after a period of several years, and may then be dissected for purposes of science or criminal jurisprudence. Decay and all offensive odors are completely prevented, and upon an incision being made the muscles and flesh present the same appearance as in the body of a person recently deceased. Preparations made of several parts—such as natural skeletons, lungs, entrails, etc.—retain their softness and pliability. The liquid used is prepared as follows: In three thousand grams of boiling water are dissolved three hundred grams of alum, twenty-five grams of cooking salt, twelve grams of saltpeter, sixty grams of potash, and ten grams of arsenic acid. The solution is allowed to cool and filter. To ten liters of this neutral liquid, which is colorless and odorless, are added four liters of glycerine and one of methylic alcohol. The method of preserving or embalming dead bodies by means of this liquid is simple, and consists, in general terms, of a saturation and impregnation of the bodies. From one and a half to five liters of liquid are used, the quantity depending upon the size of the body."

AN AMERICAN NEED.—The French are afraid that the invention of their countryman, M. Guillotin, for the extermination of criminals, may be supplanted by that of an American named Packard, who has devised a box in which the criminal is rapidly asphyxiated by carbonic oxide gas.—*Chicago Med. Jour. and Exam.*

[Either of these methods would do immense good in this country if they could only be brought into frequent use. This kind of population depletion is much needed.]

FEES.—The subject of fees is one that can not be avoided. The court physician and the humblest practitioner have to consider these things in reference to this subject: the dignity of medical service in general, the value of the particular service he has rendered in any given case, and the means of the patient. These three elements enter into the question of what is a proper charge in each case. As no individual case is exactly like another, either in nature or circumstances, it results that it is a difficult thing to name dogmatically a fee that should be charged. Notwithstanding this, it is very useful to have a standard or tariff by which to be partly guided. A very good standard of this sort has been published for some years past by the Manchester Medico-Ethical Association. The charges are moderate and reasonable, based on the rental of the patient's house. They are divided into four classes: (1) Where the rental is from £10 to £25; (2) from £25 to £50; (3) from £50 to £100; (4) above £100. It is urged with great propriety by the Association that in all cases medical men should base their title to remuneration not on *medicine*, but on the value of their time and skill. *It enjoins men of age and standing to hold high the value of medical service by raising their fees above those of the tariff*; while at the same time it suggests to those who are called to attend the poor to consider their case, and to abate even the lowest charges in the scale if need be. It recommends in the latter case the taking of ready money, or of monthly accounts, and in all cases, at the most, quarterly accounts. This is an admirable suggestion. Medical accounts would be paid much more frequently and much more cheerfully if they were sent in oftener and nearer in point of time to the service to which they have relation.—*Lancet*.

CULTIVATION OF THE CASTOR-OIL BEAN.—The Kansas Agricultural Report has an interesting paper on castor-oil-bean culture, by the Hon. Edw. Ballaine, which is reprinted in the Scientific American Supplement of July 26th. According to this writer, the *Ricinus communis* does well in the gray soil of Kansas valleys; and though they do not grow so tall, they appear to produce better than upon limestone soil. The ground was plowed in winter, from eight to ten inches deep, and marked as for corn, four feet apart. When weeds began to appear, cross-furrows four feet apart were made with a shovel plow, and two beans were dropped by hand at the

intersection of these furrows, and were covered lightly with dirt by means of the foot. The crop was afterward plowed or cultivated four times, the last plowing being about the first of July, the plants having thus grown three to four feet high.

The spike is ripe as soon as one or more bolls upon it have turned brown upon it or opened, and not before; the center spike ripening first, then the second set, and so on. By experience the picker soon distinguishes them, both by the color of the spike and by the touch. The former is of a darker green and somewhat glazed. When growing the bolls are covered with a hairy coating, which is soft to the touch; but when the spike is ripe this turns stiff and bristly, indicating that the spike, having ceased to absorb from the parent plant, is now drying up, and of course is ripe. Amateurs should never cut a spike till some of the bolls have expelled their fruit. After the first picking, two wagon-loads per hand were gathered per day; and each wagon-load of spikes, well tramped, equaled twenty-two bushels of corn, and yielded five and one half to six bushels of beans. Picking commenced the 15th of August, and was repeated on the 1st of September, and each ten days thereafter, ending on the 6th of November, although it should have been done once more.

In order to "pop" the beans, old hay and flax straw were placed to the depth of a foot or more upon a piece of unbroken ground, and were burned toward the windward, thus destroying the grass and tufts of weeds, leaving the ground entirely smooth and hard, and needing only to be swept. A space of twenty feet square will suffice for an acre of beans. The beans are unloaded with a pitchfork in piles of a wagon-load. The next day the spikes are spread evenly, so that they consist of a single layer. Five or six days of dry weather are required to open the pods. When sufficiently dry, the bursting of the pods is aided by going over them with a two-horse roller drawn by unshod horses. As the pods rupture, the beans are expelled to a distance of a few feet. The spikes are then raked off; the beans and husks are swept and scraped together, after which they are fanned and also screened to separate the dirt. The unopened bolls are again exposed to the sun, fresh spikes are added, and the process repeated.

Twenty-three and a half acres of ground yielded about fourteen bushels of beans to the acre, not counting eight to ten beans—oftentimes more—to every foot of ground

which had popped out before picking, and which were not recovered. Three laborers, who were paid forty cents per day each for twenty-five days, with one hand at fifteen dollars per month, and two months and a half, made the total expense for collecting \$67.50.

This being an experimental crop, the gain was not so great as would have been the case with more experience, and a yield of twenty bushels per acre is presumed to be a reasonable average to expect.

Two quarts of seeds are sufficient to plant an acre. Great care should be used in selecting seed from the same picking and even from the same set of spikes. The seed used on this occasion were from a miscellaneous lot, and came up, grew, and ripened very unevenly. They should always be thinned to one in a hill. From four to five feet should be allowed between rows. A bushel of prime seeds yields, under a hydraulic pressure, two gallons and three pints of oil; with a screw press, about two gallons. The demand for this oil, for lubricating purposes especially, has very considerably increased within the past year.

Until 1874 twenty-five per cent of the beans used in this country were imported from India. None are imported now. Manufacturers claim that exportation of oil can not take place until beans can be had for fifty cents a bushel. St. Louis is the center of castor-oil manufacture in this country.

The writer states that during the planting the children engaged ate a few beans (some ate as many as a dozen) after pulling off the hull, and suffered from sensations of nausea. The horses engaged in the cultivation suffered no ill effects. Care was taken not to feed in a wagon-box which had contained shelled beans. Grasshoppers will not touch the plant, and chinch-bugs will not even cross a field containing them. Heavy rains do not injure the plants, nor do they fail to mature well in a drouth.—*New Remedies*.

MILK AND DIPHTHERIA.—Mr. E. L. Jacob, medical officer of health for Surrey United Sanitary District, in his annual return for 1878 to the Epsom authority, shows pretty clearly that milk was the cause of a severe epidemic of diphtheria which occurred at Leatherhead, commencing in January, and persisting, as it appears, to November. There were altogether fifty-five cases in thirty-six houses, and five deaths; eighteen were adults, of whom two died, and thirty-seven children, of whom three died. The infected

houses were situated in all parts of the village and in every variety of soil. Each had its own well, and about half drained into separate cesspools. Schools played no conspicuous part in the epidemic. Out of about five hundred and thirty inhabited houses that exist in the parish, two hundred and eighty were supplied with milk from *one* dairy-farm, whereas the others were supplied from other sources. Thirty families had suffered from the disease up to the end of September, and twenty-nine of these were using the milk, one being supplied from a private dairy. It appeared, therefore, that of the two hundred and eighty households supplied from the farm, one hundred and two and a half per thousand were attacked. Mr. Jacob, from whose very concise report the above remarks are almost exclusively taken, says: "Upon visiting the farm I could not ascertain that any of those employed in the cowsheds or dairy had had any throat illness before or during the epidemic. All the cows were and had long been in good health. The water in use at the dairy was derived from a soft-water tank, and had at times smelt offensively. (A large quantity of black deposit was removed from the bottom of the tank when it was emptied on September 30th.) The pipe from the sink at which the milk-cans were cleansed was not properly trapped and disconnected, but no bad smells had been detected from it." But, unfortunately, Mr. Jacob tells us that he can not say "how the milk became polluted or infected." So far the inquiry is manifestly imperfect, although the complete way in which the one-portal system of infection is here traced out is remarkably concise and very creditable to the industry of the officers engaged in the business.—*Lancet*.

MEDICINES BY GALVANISM.—Ever since the day of Sir Humphrey Davy the possibility of introducing medicines into living bodies has been thought to be possible, and perhaps even done. At least certain salts in solution, under the influence of an electric current, have been decomposed, and their elements found at the positive and negative poles respectively, having been made to pass through living tissues which composed part of a closed circuit of the galvanic arrangement. But to deposit medicines is somewhat different. Instead of going through they must be dropped on the way. To do this appears to have been thought a difficulty. Herman Munk has discovered that the failure is because the current was in only one

direction. He found that if a moist, porous body, between liquids of various conductivity, be traversed by the current, the speed of the conveyance of the liquid into this body rapidly diminishes and becomes soon at zero. If, however, the current is reversed after a short interval, the liquid enters anew from the now positive electrode. By repeating this alternation large quantities of the liquid can be introduced. In this manner Mr. Munk has introduced fatal quantities of strychnia solution through the unbroken skin of dogs, and has introduced quinine and iodide of potassium into his own arm in such quantities as to be readily detected in the excreta. The essential points, therefore, in such operations are that the liquid substance be placed at both electrodes, and that the direction of the current be frequently reversed.—*Druggists' Circular.*

A MICROSCOPIC SERENADE.—By Jacob F. Henrici, in *Scribner's Monthly*:

O come, my love, and seek with me
A realm by grosser eye unseen,
Where fairy forms will welcome thee,
And dainty creatures hail thee queen.
In silent pools the tube I'll ply,
Where the green conferva-threads lie curled,
And proudly bring to thy bright eye
The trophies of the protist world.

We'll rouse the stentor from his lair,
And gaze into the cyclops' eye;
In chara and nitella hair
The protoplasmic stream descry,
Forever waving to and fro
With faint molecular melody;
And curious rotifers I'll show,
And graceful vorticellidæ.

Where mellicertæ ply their craft
We'll watch the playful water-bear,
And no envenomed hydra's shaft
Shall mar our peaceful pleasure there;
But while we whisper love's sweet tale
We'll trace, with sympathetic art,
Within the embryonic snail
The growing rudimental heart.

Where rolls the volvox sphere of green,
And plastids move in Brownian dance—
If, wandering 'mid that gentle scene,
Two fond amœbæ shall perchance
Be changed to one beneath our sight
By process of biocrasis,
We'll recognize with rare delight
A type of our prospective bliss.

O dearer thou by far to me
In thy sweet maidenly estate,
Than any seventy-fifth could be,
Of aperture however great!
Come, go with me, and we will stray
Through realm by grosser eye unseen,
Where protophytes shall homage pay
And protozoa hail thee queen.

GRATUITOUS SERVICES.—The people who pay are always grateful. The thieves are like other deadbeats—abusive and always the most exacting and querulous. Having in a long time of practice, both from choice and from necessity, done a great deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. It is the doctors themselves, who allow their kind feelings to overrun their judgment, that are responsible for the wholesale robbery to which every doctor in the land is subjected. We deal with the most afflicted; so does the undertaker, who is not expected to work for nothing. We can maintain no rights that we weakly yield to extortion. The doctors are most universally regarded as rich persons, who ride about for exercise and practice for philanthropy, to be paid if every thing turns out lovely.—*Writer in the Canada Lancet.*

GYNECOLOGICAL ABSURDITIES. — Twenty years ago every woman imagined that she had ulceration of the womb, and of course every medical aspirant for fame insisted on a peep at that organ through the speculum. Five years later they imagined that their wombs did not hang right; and through the influence of the misguided enthusiast, Dr. Hodge, who had revived an old and long-forgotten idea, the young practitioner was inclined to make a toy-shop out of every woman's vagina. Our instrument-stores are full of pessaries, and it is very entertaining to see the ingenuity displayed by some of our brethren of a mechanical turn of mind in varying their size and shape. We might well suppose that no two vaginas were constructed upon the same plan if we did not know to the contrary.—*Dr. Kennard, in St. Louis Med. and Surg. Jour.*

THE STEM PESSARY.—Dr. H. J. Garrigues reports, in the *American Journal of Obstetrics*, another "case illustrating the danger of stem pessaries." The patient had pelvic peritonitis, ending in an abscess and cystitis, resulting from the pessary, which had only been worn one day and night. Dr. T. G. Thomas admits its use only in rare cases of flexion. Emmett states that it is a "most irrational instrument, and its application will sooner or later, in almost every case, result in mischief." Peaslee objects strongly to its use except in some very rare forms of ante-flexion. Tait uses strong language against its use. Dr. M. A. Pallen relates two cases

of death caused by the stem pessary. One case died of perforation of the uterus and resulting metropéritonitis. The other was impaled by the pessary in consequence of a fall. The general verdict is that it is not a safe instrument in the uterine cavity.

A PATTERN TO YOUNGER MEN.—The venerable Prof. S. W. Gross contributes to the last number of the *American Journal of the Medical Sciences* two original papers, both of deep research and great surgical interest. One is entitled *A Contribution to the Study of True Adenoma of the Mamma*, the other is an elaborate and lengthy treatise on *Sarcoma of the Long Bones*. Yet nothing is more common than for physicians in ordinary practice to say they "have no time to write." In his autumnal years Dr. Gross still follows out the rule of life that has made him what he is, for his whole career but exemplifies the fact that "labor is the only road to greatness."—*Western Lancet*.

[It happens, however, that "Prof. S. W. Gross," who is the eldest son of Prof. S. D. Gross, is in about his four-and-fortieth year, and is hardly a candidate for "venerable" honors.]

QUOTATIONS FROM THE TALMUD ON MEDICAL MATTERS.—Mr. Magnus, sr., of Berlin, publishes in the *Deutsch. Archiv. f. d. Geschichte d. Medicin* the following passages from the Talmud:

At the head of all diseases am I, the Blood; at the head of all remedies am I, the Wine.

Eat hearty: You will feel its effects when walking.

A drop of cold water mornings (in the eye), and washing the hands and feet in the evening, are better than all eye-salves.

Before a distant physician may arrive the eye may become blind.

Badly off is the town whose physician has the gout, and whose oculist only has one eye.

Honor the physician before you need his services.

A physician who makes gratuitous cures is of no account.

The door which is closed to prayers for alms opens for the physician.

INTRA-UTERINE MEDICATION BY IODIZED PHENOL.—Dr. Robert Battey read a paper with this title before the American Gynecological Society. He recommends a solution of two parts iodine to eight of carbolic acid.

Selections.

The Hot-water Douche in Parturition.—The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition I am inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of postpartum hemorrhage and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted. The dangerous use of iron and other styptic injections will then be without excuse, and the study of prophylactic measures a matter of little moment.

For this purpose no other apparatus is needed than that already described. Special tubes are not required. The ordinary vaginal nozzle of the Davidson syringe, prepared as before suggested, will be found as useful as any other. In applying it the patient is turned upon her back. If a pan is at hand it should be used; but if not, the urgency of the case requires that there shall be no delay. The water is placed in a vessel—preferably a small pitcher or deep basin—to the bottom of which is dropped the supply-tube, and carefully held there, that no air may be drawn into the instrument. If carbolic acid or other disinfectant be at hand put a suitable quantity into the water (of carbolic acid two fluid drams of ninety-per-cent solution to the pint; of Labarraque solution one half fluid ounce; if neither of these, a tablespoonful of common salt may be quickly dissolved). The temperature may be guessed at by the accoucheur if no thermometer be had, or, if the case is very urgent, letting it be just hot enough not to be painful to the hand. The nozzle is then carried, upon the index-finger of the hand corresponding with the side of the patient toward the operator, to the vicinity of the vulva, the bulb compressed by the nurse or other assistant until all air has been forced from it, then carried into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened. The nozzle is to be carried to the os uteri and directed into the orifice. If the coagula in the uterus are loose and not abundant the force of the stream may be sufficient without carrying the finger into the uterine cavity; but if the hemorrhage has been great and the uterus largely distended it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centers of coagulation. While this is going on, the hand upon the uterine tumor feels it steadily, and generally instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over. Yet so far it has not been found necessary to resort to a second injection. In only two cases since using it has it failed; those

occurred very early in my experience with it, and I believe I only resorted to the use of ice because my confidence in the hot water had not been sufficiently established. Judging from all experience since then, a perseverance with the douche would probably have rendered the ice unnecessary.—*Dr. Albert H. Smith, in Medical Times.*

Treatment of Lumbago.—The best treatment in acute lumbago, at first, is the application of cut-cups to the muscle or muscles affected, to be followed immediately by narcotic fomentations in the shape of a bag of hops soaked in hot water, hot vinegar, or alcohol, and applied directly over the scarified parts. There are various stimulating and anodyne liniments which may also be used, as turpentine, ammonia, and camphor. Opium in the form of a ten-grain Dover's powder, given early, relieves pain and produces diaphoresis. Atropia hypodermically (one eightieth of a grain) is valuable, but must not be given to nursing women. Morphia may also be given hypodermically (except in pregnancy), and these two remedies are usually the best in private practice when cut-cups can not be used. Iodide of potassium, in doses of five to ten grains every three hours, gives very good results. Chronic lumbago is very stubborn. The most useful class of remedies are blisters, sinapisms, the actual cautery, etc. Local friction and *massage* conscientiously applied are often useful when counter-irritants fail. Tepid water may be applied, either in the shape of wet compresses kept in constant contact with the part, or in the form of a douche falling steadily upon the rheumatic muscles for some time from a height of eight to ten feet. The action of water, though slow, is a very permanent one. After the treatment by douche or by wet compresses the parts should be briskly rubbed with a coarse cloth or a skin-brush, and then covered with cotton or wool or a piece of India-rubber cloth. The use of a metallic brush is sometimes advantageous, and finally tying a cloth over the lumbar regions and ironing them thoroughly two or three times every day, following this up with the application of some stimulating liniment, is often to be advised.—*Hosp. Gaz.*

The Number of Pulsations of the Heart of the Fetus no Index of its Sex.—In the same fetus from one examination to another there are most frequently variations, and sometimes wide variations; *e. g.* B., November 30th, 180 pulsations; December 8th, 138 pulsations; December 12th, 128 pulsations; December 14th, 134 pulsations. Sometimes the observer, keeping his ear for several minutes in succession upon the stethoscope applied to the abdomen of the woman, lying quietly, obtains from one minute to another differences of fifteen to twenty pulsations without his being able to find a cause for these variations, so that one is then greatly embarrassed to determine the average of the pulsations. There is no relation between the weight of the fetus and the number of pulsations. A large number of pulsations does not indicate a small fetus, and a small number of pulsations a voluminous fetus. The proof comes from tables, where the boys and girls have been placed in order of weight. Having ausculted the same infant in the twenty-four hours which have followed delivery, they have found that in a general fashion the number of pulsations of the heart diminishes after birth, without its being an absolute rule.—*Paris Médical, in Archiv. de Tocologie; St. Louis Courier of Medicine.*

Intermittent Hemorrhages Caused by Malaria.—M. Massart (Honfleur) spoke on this topic. He quoted a curious case that had recently come under his observation. A lady who had had a tooth extracted by him told him two days after the operation that she had lost a great quantity of blood by hemorrhage soon after. Two days later she had another hemorrhage, and in spite of all his efforts to arrest it another very considerable hemorrhage took place after an interval of two days more. Struck by the periodical recurrence of these hemorrhages, M. Massart prescribed sulphate of quinine, and the phenomenon ceased. During the discussion which followed, M. Castan observed that similar cases occurred very frequently in Montpellier. M. Baréty said that he had frequently observed pulmonary and uterine hemorrhages of miasmatic origin. The pulmonary hemorrhages differed from hemorrhages that were determined by some other cause, both at their onset and end. The blood began to flow suddenly, without any premonitory blood-spitting or taste of blood in the mouth, which symptoms always as a rule preceded or followed pulmonary hemorrhages in tuberculosis. He added that in all such cases there were more or less slight symptoms of affection of the apices in the lungs.—*From Proceedings of French Association for the Advancement of Science, in British Med. Jour.*

The Migration of Needles that have Penetrated Accidentally into the Human Body, and their Extraction.—M. Milliot (Nice) read a paper on this subject. He suggests that the best method for discovering the exact seat of these foreign bodies, and the direction they are taking, would be the combined use of a galvanometer and a magnet. The latter is to transform the needle into an artificial magnet which may act upon the compass of the galvanometer. After the locality has once been determined, it is easy enough to extract the needle.—*Ibid.*

Perforation of the Bones of the Skull in Cases of Pericranial Tumors.—M. L. H. Petit, in this paper, said that sometimes the perforation extended over a considerable space without causing any particular brain symptoms that might attract the attention of the physician. He then proceeded to give the history of several cases that had come under his own observation. He had arrived at the conclusion that a persistent fixed headache might, up to a certain point, reveal the existence of a perforation, especially if it coincided with other cerebral symptoms. But it was not a pathognomonic symptom, and besides cerebral symptoms had often been observed when there was no perforation at all. In cases which ended fatally after the ablation of the tumor death was either caused by syncope following the operation or by meningitis, which is apt to set in in the course of a few days.—*Ibid.*

Arrowroot for Infants.—Dr. Routh says, in his *Infant-feeding and its Influence on Life*: "I can not conceive of any thing more injurious than arrowroot feeding. I believe that it is a cause of death of many infants." Dr. Davis says, in the *Virginia Medical Monthly*, that there is perhaps no error more common than that of administering to the infant arrowroot, corn starch, tapioca, or other starch foods. Not till after dentition is *diastase* secreted by the salivary glands, and starch food remains in the stomach and intestines non-assimilable as a foreign substance, only disposed to irritate the delicate membranes.

Glycerine as Food.—The solubility of glycerine renders it highly probable that the greater part of that which is taken into the stomach passes rapidly into the blood. A small part may be unabsorbed, and in the lower part of the intestine may undergo fermentation and reduction, with the formation of butyric acid, carbonic acid, etc., although this decomposition can take place only in a neutral liquid—a condition not easy to obtain in the intestine. Gorup Besanez has also shown that in an alkaline solution the action of oxygen in an active state breaks glycerine up into formic, propionic, and perhaps acrylic acids. There is some probability that in the tissues, where similar conditions obtain, the same decomposition may occur, and the intermediate products, propionic and formic acids, may be further oxydized to their ultimate products, carbonic acid and water. Scheremetjewski showed that the ingestion of glycerine causes an increase in the excretion of carbonic acid, which Catillon has affirmed may amount to seven per cent. This increase in the production of carbonic acid must be accompanied by the liberation of its equivalent of heat, and so the generation of heat should be increased by the administration of glycerine. Hence there is the highest probability that glycerine may be of service in this respect, but that it is of no value as a tissue-food.—*Lancet*.

The Necessity of Slow Evacuation of the Distended Bladder.—Why should you withdraw only a part of the urine from an over-distended bladder? Why slowly and gradually? Because experience has taught careful observers that when the contents of a largely-distended cavity in the body are suddenly evacuated the consequences are usually hurtful. For instance, in tapping for ordinary abdominal dropsy, neglect during the operation to use compression with a proper bandage, or the too precipitate withdrawal of the serum, has been followed by the most untoward results, such as syncope, hemorrhage in the peritoneal cavity, and even fatal peritonitis. Profuse hemorrhage also sometimes follows the sudden emptying of large abscesses, of thyroid and other cysts, and of those long-neglected enormous hydroceles of the tunica vaginalis testis. The same almost always occurs when a greatly-distended bladder (in an elderly man) is completely relieved of its contents with too much precipitation. Let me now give you what I conceive to be the correct explanation of such a hemorrhage in the bladder. So long as the bladder remains distended there is no bleeding, but as soon as the urine is drawn hemorrhage begins. The vesical parietes, from having been in a state of extreme tension, in an instant become flaccid; the capillaries of the mucous membrane, from having been greatly stretched and almost emptied, are suddenly gorged with blood, and being deprived of the hydraulic support of the urine which but a moment before braced them up, their delicate walls, unable to resist the increased internal pressure exerted by the circulating blood, give way, and the blood oozes from thousands of little rents on the surface of the vesical mucous membrane. These vesical hemorrhages are often abundant, and have been known to last two and three weeks; but they very seldom prove fatal directly; that is, from the amount of blood lost. The danger lies mainly in the consecutive general cystitis, which can not always be controlled. A septuagenarian suffering from prostatic hypertrophy died from this cause several years ago. The patient had acute retention of urine, with

great distension of the bladder, which was suddenly emptied with the aid of a catheter introduced by his surgeon. Within a few hours the bladder was again distended; this time not with clear urine, but mainly with blood. Each subsequent catheterism brought a great amount of blood, and the old gentleman grew gradually worse, with symptoms of acute general cystitis, and died within ten days. . . .

A safe rule therefore for your guidance in the management of cases of acute retention of urine of forty-eight hours' duration is never to draw off more than one third of the contents of the bladder, and to do this very slowly by half closing the distal end of the catheter, so that the urine will flow in a very small stream. Having collected half a pint, close the catheter for a quarter of an hour, then let another half pint flow, and so on, until the required quantity has been obtained. In two hours repeat the catheterism if the first has been easy—otherwise the catheter should be closed and left in for twenty-four hours—and remove again the same quantity very gradually, and at the expiration of another period of two hours you may completely empty the bladder, always slowly; and in this way you will have taken the necessary precautions to avoid both cystorrhagia and polyuria. Every three hours after the last catheterism the urine should be drawn off until the patient can pass it spontaneously; if he can not do so, of course the catheter will have to be resorted to at such intervals as may be found necessary.—*J. W. S. Gouley, M. D., in Medical Record*.

Substitution of Drugs in Prescriptions.—The practice of substitution of drugs in making up prescriptions is a growing evil, and in some sections has attained such proportions as to seriously attract the attention of physicians. It generally occurs in cases where the druggist has not sufficient stock on hand, either through lack of capital or negligence. Under such circumstances he does not refuse to fill the prescription, but uses his own discretion in selecting some substitute which in his opinion will do equally as well. This may occur hundreds of times without the physician being any the wiser, and perhaps in the majority of cases no positive injury is done to the patient, for in substitution the more potent remedies will be avoided; but at times the omission of an ingredient in a prescription may be criminal, and the most serious results may ensue. This practice destroys the whole value of medication, and places the life of the patient and the reputation of the physician at the mercy of the drug-clerk compounding the prescription.—*St. Louis Courier of Medicine*.

Interstitial Injection of Iodine in Chronic Cervical Metritis.—Dr. J. M. Bennett, of Dublin, states he has tried many operations and cauterizations in these cases without satisfaction, and that the iodine injections "fulfill his most sanguine expectations." He injects the following solution: Iod. and brom. potass., each ten grains; tinct. iodine, one half dram: distilled water, one and a half drams. After the injection a pledget of cotton soaked in glycerine is placed against the part and rest enforced for twelve hours.—*Obstetric Gazette*.

Infant Insanity.—Paulmier, in 1,000 cases of insanity, had ten children; John Turnam, out of 21,333 cases, had eight children under ten years and 1,161 between ten and twenty years.—*Amer. Jour. of Obstetrics*.

The Constitution and Properties of Dialysed Iron.—(M. Personne, *Acad. de Méd.; Lyon Médical*): The ferruginous liquor known as dialysed iron is not a veritable aqueous solution of sesquioxide of iron; it is only a pseudo-solution of sesquioxide of iron modified, differing from the ordinary oxide in that it is insoluble in acids and has less specific heat. It was discovered more than twenty-five years ago by M. Péan de Saint Gilles, and since Graham has proved that this modified sesquioxide of iron is a colloid body; that is to say, not capable of forming a true solution. Its apparent solution does not possess the property of traversing organic membranes. It is insoluble in the gastric juice, and even in the most energetic acids it can not be absorbed, and in consequence is completely inactive. M. Berthelot had nothing to add to what M. Personne had said, except that if he had to choose a preparation which had no effect on the economy he would take dialysed iron.—*Chicago Med. Journal and Examiner*.

[And yet clinical experience daily demonstrates that dialysed iron is one of the most effective and unobjectionable preparations ever produced. The human system is not a chemical laboratory, and therapeutical practice founded on chemical experiments is most fallacious.]

The British Medical Journal of October 11th gives an interesting sketch of the methods of the preservation of subjects in London dissecting-rooms. At Guy's the subjects are injected by the Howse method—glycerine and arsenic—but are afterward put into a carbolic acid solution. At St. Mary's the injecting material is composed of vermilion, arsenic, plaster of Paris, and size. At Middlesex Hospital arsenic in a solution of carbonate of potash was used, the subjects being afterward wrapped in carbolic acid cloths. At University College carbolic acid in glycerine is the injecting material. In other schools chloride of zinc, bichloride of mercury, arsenite of soda, arsenic, creosote, soda, etc. are used in various combinations. Not one of these schools, however, made use of a solution of chloral, as first used by Dr. Keen, of Philadelphia. This is an economical and perfectly satisfactory method of preservation. Under its influence subjects not only remain sweet for weeks, even in warm weather, but the muscular tissue retains its normal flexibility and brightness of color.—*Boston Medical and Surgical Journal*.

Prevention of Mammary Abscess.—Dr. Jamieson says that distension of the milk-ducts from inflammation due to cold caught in early lactation, imperfect formation of the nipple, fissured nipples or localized hyperemias, from constant suckling, in anemic and feeble persons, are the usual causes of mammary abscess. He urges the use of low-cut corsets; wide, easy dresses; attention to drawing out and developing the nipples from the beginning of conception, in addition to the usual means in use after delivery.—*Edinburgh Medical Journal*.

Miliary Tubercle of the Heart, Pericardium, Lungs, Liver, etc. in a Boy of fourteen Years.—This case was reported by Dr. Ernest Gaucher. The heart-lesion was not diagnosed, because of the lung-affection. In the autopsy the endocardium and pericardium were found studded with granules, which the microscope revealed as miliary tubercles. The aorta was atheromatous, a remarkable fact considering the youth of the patient.—*Le Progrès Médical*.

Certain Danger in the Use of Pilocarpine in Puerperal Eclampsia.—M. Sænger (*Acrh. f. Gynæk.*) reports three cases of eclampsia in which injections of pilocarp. muriat. (one third grain) were used. Although the attacks of convulsions seemed checked, there followed immediately after the injection the most severe symptoms of suffocation, as the result of the patient's inability to expectorate the enormous quantity of mucus and saliva. Two cases out of three died. While he thinks pilocarpine to be a valuable agent in the *beginning and in slight cases of eclampsia*, he warns us from its use in the *latter stages of the disease, when coma has suppressed the action of the reflex centers*. During labor, when moaning, restlessness, etc. show the reflex centers to be still active, pilocarpine seems the more useful and recommendable, as its beneficial influence on labor itself has been demonstrated beyond doubt.—*H. B., in American Journal of Obstetrics*.

Ergot is now recommended as a local remedy in catarrhal affections of the eye and throat. In chronic conjunctivitis the strength is 0.65 of the extract to 32 of water, a little glycerine being added to preserve the drug. In throat affections it forms an excellent element in a gargle, or may be applied in combination with the tincture of iodine. In nasal catarrh it may be applied by means of gelatine bougies.—*Boston Medical and Surgical Journal*.

Narcotism from Nutmeg.—Mrs. N., aged thirty-eight, mother of four children, was confined on Sabbath morning, June 29, 1879, at 9 o'clock. The child was a girl, and the largest I have ever seen; weight fourteen and one half pounds. Labor natural and easy. Had a light spasm after the last pain. The spasm was hysterical. On the 30th the "old woman" persuaded her to take nutmeg tea. One and a half nutmegs were used in making the tea, and she drank it during the day. About 10 P. M. she began to get drowsy. By 4 o'clock next morning she was in a profound stupor. At 10 A. M. the narcotic effects of the nutmeg began to die out, and by 4 P. M. she had pretty well recovered. The symptoms were about the same as those produced by opium, and the remedies were the same. I mention this case for the reason that nutmegs are in such general use as a condiment that we may lose sight of their dangerous narcotic tendencies. In twenty-one years' practice I have never seen such a case before; and if I had ever known that the nutmeg possessed such properties it had completely escaped my memory; and for fear some of our numerous professional brethren may be in a like condition I have deemed it proper to mention this case.—*Dr. H. Barry, in St. Louis Clinical Record*.

Ergotin Hypodermics in Epistaxis.—Dr. Porak cites three cases of obstinate nasal hemorrhage, each of which was promptly arrested by a single hypodermic of ergotin. His formula was: Bonjean's ergotin, two grams; glycerin, thirty grams. M. Twenty drops hypodermically in the lip or cheek.—*La Tribune Médicale*.

Salve for Burns, Scalds, etc.—Dr. Brown recommends a salve consisting of eight grams iodoform, three to five grams extract conium, ten drops carbolic acid, and thirty grams cold cream, which is spread upon lint and applied to the wounds twice daily.—*Pharm. Ztschr. f. Russl.*

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

WE give on another page a correspondent's account of some notable points concerning the meeting of sanitarians at Nashville.

The recent experience of our section in regard to yellow fever dwarfs the ordinary causes of mortality into insignificance, yet the Association wisely kept in view the general insanitary conditions operating at all times wherever human beings are gathered together. As was stated by one of their number, yellow fever is one of the minor ills according to registrars' reports. The influence of all epidemics combined is probably less wasteful of life than the every-day causes of disease, that notwithstanding, indeed on account of, our indifference make sad gaps in our ranks. The remedy common to all is to be found in the unremitting and intelligent performance of hygienic laws—personal, domestic, and communal.

Although these public-spirited gentlemen had an eye to all things that affect the general health, to our readers just now only the items relating to yellow fever which their labors brought to light will be interesting enough for insertion here. The following are extracted from President Cabell's address:

QUEST FOR A GERM.

The pathological histology of the blood of yellow-fever patients was the subject of very earnest and patient study by Dr. Sternberg, with the result of discovering a constant lesion of the white corpuscles, which, however, with a proper reserve he hesitates to announce as peculiar to yellow fever until he shall have had an opportunity of extending his observations to other fevers and allied affections. He is now

and will for some time be engaged in making parallel observations on the blood of persons suffering from various diseases, especially febrile diseases. The lesion in question is a fatty degeneration of the white corpuscles not heretofore described, and is well exhibited in his numerous and beautifully executed micro-photographs of the blood of yellow-fever patients. His careful observations with the best instruments determined no other positive fact which was new to science, but they have an important negative value in disproving the assertions of other observers. Dr. Sternberg has also photographed certain crystal-line bodies in the air taken from various localities in Havana, notably in the wards of the military hospitals under and above the beds of yellow-fever patients, which he is now investigating in the same manner by comparison with the forms found in the air of hospitals and other places in various parts of the United States. If it be found that these crystals have not heretofore been described and that they are peculiar to the air of places infected with yellow fever, the observation will be an interesting acquisition to science, and may lead to valuable results. . . .

LESSONS OF THE EPIDEMIC OF 1879.

Among the lessons taught by this summer's experience I may cite a few propositions as having been established on evidence more or less satisfactory:

1. That in yellow fever, as in most other infectious diseases, unrestricted family intercourse is one of the most fruitful means of spreading the seeds of the infection, and by this means the disease may be carried from a focus of infection to a previously uninfected locality, where a new focus may be developed.

2. That when prompt notice is given of a case thus imported into a previously uninfected place, proper measures energetically employed will generally suffice to arrest the spread.

3. That even when the outbreak has assumed the dimensions of an epidemic it is possible by measures rather difficult of execution, and requiring not only the strong arm of the law and the use of the public funds, but also the willing consent of the population, to stamp out an existing epidemic by removing all the unacclimated portion of the population, and preventing the introduction of any such material from without. . . .

Original.

REPORT OF SURGICAL CASES.

BY E. KEMPF, M. D.

CASE I: *Gangrene—Amputation.*—In November, 1878, I was requested by Dr. C. Knapp to visit a patient of his who had injured his arm in a saw-mill. While attending the mill the patient slipped and fell in front of the circular saw; while arising his forearm was cut immediately above the wrist-joint; the radial and the ulnar arteries were torn, and the ulnar bone was partly crushed. About an hour after the accident Dr. Hutchinson dressed the wound, tied the arteries, and gave the patient an anodyne. I saw the patient on the following morning, and as there was no bleeding and no swelling, and as the hand looked well—*i. e.* circulation seemed to go on, and nerve action was sufficient—I advised the use of carbolic acid dressings and internal antiphlogistic treatment. Undoubtedly the smaller arteries, that were expected to carry on collateral circulation, were injured; but as they were torn through they did not bleed. Primary amputation, which lack of experience did not suggest, should have been performed. I heard nothing of the case for five days, when Dr. Knapp informed me that gangrene had attacked the arm and that it had to be amputated. On our arrival at the patient's bedside we found the hand and wrist below the injury gangrenous, and part of the arm, from above the injury to four inches below the elbow-joint, edematous and highly inflamed. The cephalic vein was attacked with phlebitis up to its termination. The question now arose, where should we amputate? Amputation below the elbow we did not think advisable on account of the unhealthy condition of the tissues, and amputation immediately above the elbow-joint would not promise success on account of the phlebitis. The patient leaving it to our better judgment, Dr. Knapp amputated through the middle of the humerus by the circular method. The patient recovered with a healthy stump, the ligature on the brachial artery coming away on the eighth day.

CASE II: *Frozen foot—Amputation.*—During the cold term of January, 1879, P. S. walked a distance of nineteen miles through snow and ice-water. When he arrived home he found that he could not pull off his boots, they being frozen to his feet. In order to facilitate thawing he put his "boots, feet and

all" into warm water; the result was gangrene of both feet. Dr. J. was called in. He removed the gangrenous skin from the right foot and applied benzoated oxide of zinc ointment and camphor spirit. The left foot had to be amputated, and Dr. Knapp and myself were called in consultation. We found the toes of the left foot gangrenous, and the line of demarcation formed near the metatarsophalangeal articulation, about an inch toward the ankle-joint. The foot and leg to near the knee were edematous, and the circulation in the foot was sluggish. Not thinking it advisable to wait longer, the foot was amputated by Chopart's method by Dr. Knapp. The treatment for the right foot was continued, and the left foot was properly dressed. The patient made a good recovery.

CASE III: *From Dr. M. Kempf's note-book.* W. had his thigh and leg terribly lacerated by a mowing-machine. I saw the patient in consultation with Drs. H., S., B., and R., seven hours after the occurrence of the accident. The wound was frightful. The shears of the machine had literally torn integument, muscles, arteries, and nerves from the bones, minced and inverted them. The thigh was fractured at about the middle. Other injuries were also inflicted on the sufferer; one on the left breast, near the precordial region, was considered dangerous. Mr. W. had not recovered from the shock, though he had been placed on a comfortable lounge in a cool room. Stimulants and anodynes had been given to rouse the heart and soothe the nervous system. After mature consideration the consulting physicians concluded that the raw surface of the injured thigh and leg exposed to the irritating influence of the atmosphere being so large, amputation, instead of still more depressing the system, would relieve it. The patient being under the influence of chloroform, I accordingly amputated the thigh at the upper third by flap operation. As the chloroform appeared to soothe the nervous irritability of the sufferer, and thus partly to relieve the shock, the patient was kept under its influence. The large arteries having been ligated, the tourniquet was slackened. Hardly any capillary hemorrhage ensued, which was of course an unfavorable symptom. One vessel of considerable size caused us trouble. Drs. S. and H. held that it was a vein, because it neither bled nor retracted. Drs. R., B., and myself claimed that it was an artery, because its walls were thicker than those of a vein, and because its mouth, instead of

being collapsed, was thick and open. Still, as the system had somewhat reacted, and as the vessel did not bleed, it was not ligated. After three hours and a half the wound, being well glazed, was brought together with sutures and adhesive strips. A compress and bandage were applied. Fifteen minutes afterward, the patient having recovered from the influence of chloroform, and the circulation being good, the stump commenced bleeding. The dressings were removed and the sutures opened. The source of hemorrhage proved to be a branch of the profunda femoris, the vessel about which the dispute had arisen. The jet of blood told us now what it was. The artery was ligated and the stump dressed again. The occurrence was as unfortunate to the patient as it was disagreeable to the physicians. The loss of blood, the fatigue, and the pain still more depressed the already exhausted vital powers, and half an hour afterward the patient cried out, "I am suffocating!" In ten minutes he was a corpse. No autopsy was allowed, and therefore it could not be ascertained whether the patient's death was due to the chloroform, to the shock, or to internal injuries of the organs of the left thoracic cavity.

Comment.—We must all profit by experience, and it is the unsuccessful cases that make the most lasting impression; therefore I think such cases should be reported.

FERDINAND, IND.

Correspondence.

LONDON LETTER.

FROM OUR OWN CORRESPONDENT.

To the Editors of the Louisville Medical News:

The news of the death of the late Mr. Callender, of St. Bartholomew's Hospital, has been received here with great regret. Coming so early in life, and occurring to a man who had all the appearance of robust health, and who had just attained one of the very highest positions in his profession, and seemed likely to enjoy it for many years to come, the event has appeared to be almost tragic. Callender was so well appreciated, and had been received with such marked distinction in America, that his death just after leaving your shores has no doubt produced a great impression. He was very popular among students at his hospital, although always retaining a certain loftiness of manner which had obtained for him the name of

the "Royal George." His colleagues were of opinion that he rather overstated his success, and the letter from Mr. Luther Holden to one of the medical journals shortly after the publication of Callender's last paper in his St. Bartholomew's Hospital reports frankly expressed the opinion and drew from Callender the admission that the statement he had made was at least open to misconstruction, and that certain cases of septicemia had been eliminated from his list for reasons which he had explained, but which, in the opinion of his colleagues, were insufficient. Nevertheless the extreme care with which he conducted all his dressings has almost created a school in surgery and exercised a most excellent influence over all the students. His death leaves a gap at St. Bartholomew's Hospital; for Mr. Savory, however brilliant as a surgeon and as a speaker, is not much followed as a clinical teacher, and indeed hurries through his wards so quickly and gives so little attention to systematic teaching that his surgical rounds are but little attractive either to students or to foreigners. Savory is a highly gifted man, an able experimenter, a philosophic surgeon, a man of fine presence, and an orator of rare eloquence and singular power of influencing his auditory. He speaks with the facility and elegance and aptness and a power which the greatest orators rarely excel, and he never fails to produce a profound impression whenever he appears in public. The orations which he delivers are carefully studied, accurately polished, and delivered from memory without a misplaced word, and with an appearance of spontaneity which is the result of acquired skill attained by long study. Independent in character, possessing a private fortune, for many years a distinguished Fellow of the Royal Society, and early in life becoming one of the surgeons of the greatest hospital medical school in Great Britain, he has achieved a brilliant official success. Nevertheless he has never been followed in the wards largely by the students, and he has never been a favorite consultant with general practitioners or with the public. But rare is it to find combined in one person all the qualities which secure success all round. The remaining surgeons at St. Bartholomew's are not at present men of any marked distinction. Mr. Luther Holden, the senior surgeon, an accomplished anatomist, a most amiable man, also a man of large fortune and handsome presence, has never succeeded in obtaining success in practice, and for many years has

practically been little before the public or the profession as a surgical practitioner. Of the young men of Bartholomew's, Willett, Langton, and Morant Baker are names only known as belonging to the staff of St. Bartholomew's Hospital, and not connected with any kind of surgical distinction at present. Howard Marsh, another member of the staff, has been more active surgically, and is better and more favorably known in practice, well educated, and now for the first time has joined the staff as junior assistant surgeon. He has already done good work in pathology, and is likely to take up a prominent position. Otherwise it must be said that the surgical staff of St. Bartholomew's Hospital just now is very far from strong. Nor can much more be said for its medical side. Andrews, Southey, Gee are names of no great distinction, Gee having, however, the great merit of being an excellent clinical teacher. On the other hand, by its taking from other schools such men as Brinton, Matthews Duncan, and Klein, the authorities of St. Bartholomew's have skillfully strengthened their school; and by the lavish outlay which they are now making of eighty thousand pounds in improving their school-buildings and museum, and by the addition of a strong junior staff, they are attracting a great body of students, so that the entry this year at that school amounts to between one hundred and forty and one hundred and sixty, the largest entry ever known at any one medical school in London. The pooriness of the clinical teaching becomes therefore a very serious matter, for it is quite certain that with the present staff and the present mode of clinical teaching the students who will go out from St. Bartholomew's during the next few years are not likely to be thoroughly well taught in clinical subjects; and this is a very serious matter. It is one which has been discussed in the press, and is one as to which some steps will probably have to be taken by the authorities of the school. The new buildings were opened this week by the Prince of Wales. Sir James Paget and Sir George Burrows were there, the latter looking very old, but still hale and hearty, and the Princess of Wales, who made her first appearance on this occasion in the hospital, was heartily cheered by the students in the quadrangle.

M. Pean, of St. Louis Hospital, Paris, is this week in London, accompanied by M. Brochin, his assistant, the editor of the *Gazette des Hospiteaux*. He has come over to see some ovariectomies performed by Mr.

Spencer Wells, Mr. Knowsley Thornton, and Dr. Robert Barnes. He has also been to King's College to see Prof. Lister. M. Pean has expressed to more than one person his surprise and pleasure at the cordial good feeling which prevails among all the great surgeons in London, and at the excellent arrangements made to secure success in operating by well-skilled assistants and accurate modes of operating. He confesses that until he saw Lister perform his dressings he did not really know what the Lister method meant, looking upon it rather as a carbolic-acid dressing than as a preventive method. He will take back to Paris the precise directions of Lister and the precise solutions which Lister employs and the methods of creating the antiseptic system of filtration of germs by which Lister aims at preventing suppuration in all cases in operative surgery. The surgeons in Paris are very much divided in feeling, and nothing has surprised M. Pean so much as to find that surgeons in England, however publicly opposed to each other in doctrines or in teaching, are cordially united in friendship and ready to meet on a neutral ground. Thus M. Pean expressed great pleasure and surprise at whom he met at the table of Mr. Ernest Hart during his short stay in London, united to welcome him—Mr. Lister, Mr. Savory (the recent antagonists on the subject of antisepticism), Mr. John Wood (over whose head Mr. Lister was promoted to the professorship of clinical surgery in King's College), together with such men as Erichsen and Curling of the senior generation, who all welcomed Lister with cordial good feeling and without any of that bitter personal rivalry which in many continental cities splits up medicine and surgery into a variety of hostile camps. This is indeed one of the best features of our professional system. Personal enmities are discouraged, and those who entertain or foster them are ill-regarded. It is well understood that professional unity is essential for progress, and that there should be no place for personal quarrels among men who, under whatever banners, are all fighting for the same cause.

There has been a very disagreeable affair in London between Dr. Morrell Mackenzie and Mr. Pugin Thornton. The latter gentleman, from an imaginary cause of offense, took upon himself on meeting Dr. Mackenzie in the street to assault him with a stick. He seems to have taken this surprising course with so little consideration that within forty-eight hours he wrote a let-

ter of apology expressing his regret and stating that he had learned that the alleged cause of offense did not exist. This has not prevented one of the so-called society papers giving a very unpleasant version of the affair; and just at this moment the editor of that journal has been called upon to apologize, or, failing his apology, an action will be brought. It is very rarely that any such incidents occur in this country; indeed I can not call to mind any such incident having ever occurred in the profession; and it will not add to the reputation of staff hospitals that both of the gentlemen concerned in this most unpleasant affair are connected with the hospital in Golden Square—a hospital which has more than once had very unpleasant prominence given to it, and has attracted a good deal of censure for various reasons. In this matter Dr. Mackenzie appears to be wholly blameless.

The societies have not opened with any great brilliancy, the most interesting matters brought before them being some cases by Dr. Ord belonging to a kind of disease of which he has been the first to give a clinical portrait, and which he calls myxedema. Attention has also been called to this condition by Sir William Gull, who described it as a cretinoid condition. It differs, however, essentially from cretinism, as the accurate accounts and admirable picture of the disease given by Dr. Ord fully show. There are three cases of this disease now in St. Thomas's Hospital. In its first stages it is marked by a gradual thickening of the fibrous tissue of the lips, of the alæ nasi, and of the eyelids and forehead, a general flattening of the features, a peculiar mucoid degeneration of the skin, giving to it a glistening whiteness which shows up all the more vividly the brilliant red patches of the cheek. In a later stage all these features become more marked, the hands become flattened and spade-like, the speech very slow indeed and indistinct, the thyroid gland slowly atrophies, the patient ceases to be able to move about, and finally the skin begins to atrophy, especially over the scalp and hands; mental alienation commonly occurs toward the close of the disease, and death follows. The pathological changes are those first of all of fibroid hypertrophy, and subsequently of atrophy and degeneration. The skin attains a considerable excess of mucin, and the kidneys, which in the earlier stages of the disease appear to be perfectly healthy, according to all the urinoscopic signs, at this last stage are found to be, like most of

the other organs, in a state of fibroid degeneration. Dr. Ord has collected now a certain number of these cases of which the clinical features are so marked that the house surgeon and his colleagues have no difficulty in recognizing them and handing them over to him. He is, I believe, about to publish a complete monograph on the subject with colored portraits. Dr. Sanders, of Edinburgh, recently seeing one of these patients, stated that he at once recognized it as a clinical entity, although he had never done so before, and he could distinctly remember three or four cases which had come under his care. I have no doubt that when Dr. Ord's monograph has been published this disease will be recognized as being by no means unfrequent, and it will be probably henceforth known, as I think it deserves to be known, as Ord's disease.

LONDON, November 6, 1879.

A CORRESPONDENCE WHICH EXPLAINS ITSELF.

In the LOUISVILLE MEDICAL NEWS of the 20th September there appeared in a letter written by me, from Paris, the following paragraph:

Prof. Charcot showed a number of crayons and photographs of rare cases of hysterical epilepsy and other neuroses, and he said: "One of your countrymen, in a work upon diseases of the nervous system, reproduces these in his book, and with my descriptions, but he forgot to mention that they were mine." A distinguished American *confrère* here tells me that he recognizes in the patients of the Salpêtrière the originals of our countrymen's plates. It is sad indeed to think that science does not entail honesty; but neither are poetry and painting more potent, and even religion in the case of Abraham, Isaac, Jacob, and St. Peter failed to compel veracity.

Soon after my return to America, in October, I wrote to Dr. Charcot and sent a copy of my published letter. His reply is given below. Since Dr. Charcot is confident that I misunderstood his remarks, and that my statement of his language is incorrect, I withdraw at the earliest practicable moment the offending paragraph.

LUNSFORD P. VANDELL.

[Translation.]

PROFESSOR VANDELL, *the Louisville Medical News*,
Louisville, U. S. A.:

My dear sir and much esteemed colleague:

Upon my return from the vacation I find the letter which you have done me the honor to address to me, and at the same time the article in the LOUISVILLE MEDICAL NEWS of September 20th, which contains a paragraph

concerning Prof. Hammond. I regret very deeply, my dear colleague, that the few words which we exchanged, at the time of the very courteous visit you paid me, at the Hospital de la Saltpetrière, . . . should have led to the publication of the paragraph in question. I have not preserved a very exact recollection of the words of our conversation, but I see that a misunderstanding has arisen between us. For this misconception I alone am responsible. It very certainly arises from the very imperfect knowledge (you have been able to judge of it) which I have of the English language. I am, you understand, very anxious to correct this misunderstanding.

I may have told you, because that is exact, that several of the plates which appear in my Lectures on the Diseases of the Nervous System appear likewise in the work on the same subject by Dr. Hammond; but it would have become me very ill to complain of these legitimate loans. Indeed in his book Prof. Hammond has not failed to acknowledge, and to point out, generally very explicitly, the source whence came the plates in question. That is a fact which I had been able to establish formerly, which I have just verified anew by an examination *ad hoc*, and of which you can easily convince yourself if you will kindly turn, for instance, to figures 77, 78, 87, 88, 97, 98, 101, 104, 105, and 106 on the plate page 640 of the sixth edition of the treatise of Dr. Hammond (New York, 1876), as well as to the explanations in the text relating to them. These, much esteemed and dear colleague, are the facts in the case. I should feel very grateful to you personally if you would be pleased to make them plain by publishing the present declaration in one of the next numbers of your estimable journal; for it has become very important that, as far as the point at issue is concerned, entire justice be done to Prof. Hammond.

Permit me in closing this letter, much esteemed colleague, to thank you for the very friendly account which you have given to your readers of your visit to the wards of my hospital. I should be happy if circumstances would permit me, some time or other, to prove to you in America that the facts established by you among my patients may be likewise observed among yours, and that, in a word, in the two worlds the same laws govern the hysterical phenomena.

Be pleased, my dear sir and much esteemed colleague, to accept the assurances of my highest regard and of my kindest recollection.

CHARCOT.

17 QUAI MALAGNAIS, PARIS, November 1, 1879.

"THE SANITARY BOOM" AT NASHVILLE.

To the Editors of the Louisville Medical News:

The meeting of the American Public Health Association went to work Tuesday morning, November 18th. Your correspondent found himself in the goodly company of several hundred members from all points of the compass, thrown together with a common interest. It was felt that the result of its action would be important to the progress of state preventive medicine; hence an attendance largely in excess of that which usually gathered to the former meetings of this staid and highly respectable body. It had somehow escaped into the air that there might be a dispute as to the value of the methods as well as the form of organization of the National Board of Health. From cities whose plans clashed with those of the Board, as well as from ambitious individuals seeking advancement through the trials which the Board was expected to undergo, we looked for opposition. It was apparent at the very start that the convention would be intolerant of criticism inspired by such motives. As a member from Tennessee remarked, it was "a sanitary boom," and malcontents quietly slipped aside. Abuse and contumely were doubtless plentiful, though they spent themselves in secret; and indeed my knowledge of them is only conjectural.

We assembled at the capitol building, from whose high porticoes could be seen stretches of varied landscape broad and free enough to drive out all thoughts not generous and patriotic.

Dr. J. S. Billings, whose labors are held in high esteem, and who later received his reward in an election to the presidency, made a short report upon the surgeon-general's library at Washington. It is the largest exclusively medical library in the world, embracing over fifty thousand volumes and about the same number of pamphlets. Of the latter about twelve thousand volumes are medical journals and transactions of societies, all the important papers in which are to be indexed both by authors and subjects, so that they can be found without difficulty. The work of printing the catalogue has been commenced, and the first volume will be ready in May. The complete work will embrace between ten and twelve volumes, and will be of incalculable benefit to the entire medical profession, and through them to the general public.

Col. George E. Waring, of Newport, R. I., read a paper on "The Drainage and Sewer-

age of Cities." His object was to present what seemed to him a perfect method of city sewerage, one which would serve as a standard of comparison. He advocated a system which by surface-drainage would get rid of storm-water by street-gutters. Sewers were to be used for the collection and removal of foul waters only. This implies that the streets must be kept clean by sweeping. The pipes should be made of vitrified clay with tight joints, and should be as small as possible, to avoid stagnation of filth and diffusion of foul sewer-gas. Flush-tanks provide for frequent flushing and complete cleansing. Even low-lying cities and towns might be thus treated by discharging into deep artificial outlets, from which pumps could remove the sewage, to be used as fertilizers. The closing paragraphs of his paper touched the point which more than any other occupied the minds of members. As Col. Waring has a national reputation for scientific culture, and especial familiarity with drainage problems, and was fresh from a survey of Memphis, I give these remarks in full:

I trust that as I am neither a Southerner nor a physician I may be excused for attaching more importance than many of you probably do to the proper drainage and cleansing of a city, and to the proper disposal of its outflow, than to any system of quarantine. My knowledge of the history of the yellow fever epidemics in this valley is infinitely less than yours; but I feel warranted, and I take my warrant from the history of the plagues which devastated the filthy mediæval cities of Europe, and from my own knowledge of the want of cleanliness and want of drainage in the city of Memphis, in venturing the suggestion that even that fever-smitten town may be made an impossible field for the invasion of yellow fever in an epidemic form.

While yellow fever is for the moment uppermost in all our minds, and while its sudden and more fatal outbreak strikes the public imagination with peculiar force, we should as sanitarians never lose sight of the fact that it is one of our minor diseases; that indeed along the banks of the Mississippi River far greater mortality and infinitely greater disability results from the constant operation of diseases which should come equally within our purview, and which are equally preventable by measures of sanitary improvement.

In the subsequent discussion Dr. Lloyd Howard, of Baltimore, combatted the idea that sewers would banish yellow fever from Memphis. If quarantine was to be abandoned and the sewerage fallacy taken up entirely they would find themselves vastly mistaken. It had been demonstrated that yellow fever could prevail in a town which was clean. He believed in strict quarantine.

Dr. Howard's remarks elicited marked applause, and at the close of the debate Col.

Waring felt called on to clear up a mistaken impression on the part of his audience. He was not opposed to quarantine, but held that a cleanly condition would aid quarantine. This explanation met with signs of general approval, which showed plainly that as to the value of the measures instituted to fence out the yellow fever there was but one opinion.

It was surprising to one accustomed to the disputatious way of doctors to find here at last one thing upon which general opinion was settled. In all the subsequent discussions, however varied the views held as to original source, as to whether or not it might spring *de novo* from conditions present on this continent, all agreed that the infection could be carried, and that judicious and authoritative systems of inspection and aeration of passengers and detention of cargoes were of real value.

If you can find room in your next issue this report will be continued. H.

To the Editors of the Louisville Medical News:

In my article, entitled Simple Perfected Test for Sugar, I neglected giving the composition of Haines's solution for comparison with mine. The following is all that is said of it in Wheeler's Organic and Medical Chemistries (p. 187 in both books): "Prof. W. S. Haines has found in glycerine a very desirable substitute for the tartrate in Fehling's test. The proportions employed by him for *qualitative* examinations are: Cupric sulphate, thirty grains; potassic hydrate, one and a half drams; pure glycerine, two fluid drams; distilled water, six ounces."

This is a beautiful marine blue solution, which answers very well for *qualitative* analysis, but after standing but a short while the copper becomes oxidized and is precipitated.

In your last number I find a note from Prof. Haines stating that he uses his solution as a quantitative test in the proportion of Fehling's solution. This solution is, of course, open to the same objections urged above; namely, the precipitation of the copper on keeping, thus changing the proportion of its constituents and making it unfit for quantitative purposes; a fact which is not denied, and of which any one may convince himself who will make the above solution.

After instituting a series of experiments lasting several weeks, I discovered that a simple solution of copper in glycerine remained unaltered indefinitely, and the com-

mon liq. potassa added to this, as in Trommer's test, gave as brilliant results as could be desired. I therefore made a simple and reliable quantitative solution, which also answers qualitative purposes perfectly, in the proportion named in my above-mentioned article.

Accompanying Professor Haines's note is something like a criticism from one of those faithful defenders of science whom George Eliot aptly terms "watchdogs of knowledge." Perhaps we need such a mentor in Louisville. Our mentor is, however, unlucky in his chemical lore; he says that "even a tyro in chemistry knows that any copper test for sugar which can be used for qualitative purposes can also be used for quantitative determinations." For answer I must refer the professor to elementary works upon organic chemistry describing a test called "Trommer's test," which every "tyro knows" can *not* be made quantitative for the urine.

The rest of the criticism referred to, every one must admit who has read it, betrays considerable confusion of mind on the part of the writer, so that I fear I can not enlighten him further than by earnestly suggesting a calmer and more careful perusal of my article entitled Simple Perfected Test for Sugar.

L. S. OPPENHEIMER.

Reviews.

A New Theory in the Mechanism and Proper Treatment of Uterine Displacements. By GEORGE COWAN, M. D., Danville, Ky. Read before the Kentucky State Medical Society, May 15, 1879. Reprint from American Practitioner, November, 1879.

The author bases his views principally on the law of hydrostatics, that the pressure of liquids is transmitted equally in every direction. He applies the law in this way: The axis of the uterus in the pelvic cavity meets that of the body at an obtuse angle (about eighty-three degrees, after Breisky's dissection). The great part of the intestines, with their fluid, gaseous, and pultaceous contents, lie in the lower abdomen, in front of the pelvic contents, and by their hydrostatic pressure support the uterus by floating it backward and slightly upward, "somewhat as a kite rides up against a transverse or slightly-ascending current of air, or as a buoy floats in water." He does not believe that the uterus has any true suspensory ligament; that its ligaments are simply lateral supports, and that the vagina offers no ob-

stacle to prolapsus. In short, he maintains that the hydrostatic support is the only upward support of the uterus capable of demonstration.

Another point of importance in this paper is the *treatment*, which is wholly mechanical, the author preferring the lever pessary and the abdominal supporter to all other methods. He offers a very plausible theory of the mechanical action of the lever pessary, which we find is accepted also by Goodell in the last edition (August, 1879) of his *Lessons in Gynecology*. By this hydrostatic and abdominal pressure the lower limb or "long arm" of the pessary is forced downward and backward toward the rectum, at the same time tilting the upper or short arm forward and upward against the body of the retroverted or flexed uterus, thus making a movable, adjustable lever.

On the other hand Dr. Bozeman, in *The Mechanism of Retroversion and Prolapsus Uteri*, takes the ground that this force, believed by Dr. Cowan to be a *supportive* one, is in reality the *expulsive* force, as shown in these words: "The *expulsive forces* are those which arise from the descent of the diaphragm, as in inspiration, and the contraction of the abdominal muscles, as in defecation. The forces developed by the contraction of these muscles act upon the uterus through the superincumbent abdominal organs, and in a line corresponding somewhat to the axes of the pelvic cavity. They are also regular and constant in their operation."

"The *counteracting forces* are: (1) Those which arise from the vesico-vaginal and the recto-vaginal walls, (2) from the sacro-uterine ligaments, (3) from the broad and round ligaments, (4) from the pelvic peritoneum and subperitoneal and areolar tissue, and (5) from the perineum."

According to Dr. Bozeman, the treatment should be constitutional, local, and mechanical. For mechanical treatment he has devised a peculiarly-formed pessary, which he terms "a vaginal support," intended to support the uterus and vaginal walls, at the same time preserving their normal relationships.

Prolapsus and other displacements therefore, according to Dr. Cowan, are due to the relaxation of the abdominal walls, and consequent insufficient hydrostatic pressure on the bladder and uterus. In this way he explains the *modus operandi* of abdominal supporters.

L. S. O.

DR. FRED'K MOHR, of Germany, is dead.

Formulary.

ERGOT IN PHARYNGITIS.

In chronic pharyngitis, where the blood-vessels of the pharynx are enlarged and tortuous and the secretion moderate, Dr. Dabney reports (*American Journal of the Medical Sciences*) excellent results from the following:

℞ Ergotinæ gr. xx;
Tinct. iodinii fl. ʒj;
Glycerinæ fl. ʒj. M.

Sig. Apply to the pharynx freely twice daily with a camel's-hair brush.

TO EXPEL ASCARIDES.

Dr. Guichon, of Paris, France, gives the following:

℞ Santonini pulveris ʒj;
Resinnæ jalapæ gr. ij;
Chocolati ʒj.
Mix and divide into thirty powders.

Give one in the morning, on an empty stomach, to an infant two years old; two or three to older children. Also use:

℞ Aloes barbadensis ʒ ss;
Potassii carbonatis gr. xv;
Decoctii amyli ʒ x. M.

To be used as an injection in ascarides of the rectum.—*Southern Medical Record*.

INHALATION OF EUCALYPTUS OIL.

Dr. Mosler, of Greifswald, in *Berli. Klin. Woch.*, strongly recommends oil of the leaves of eucalyptus, administered by inhalation, as a remedy for pharyngeal diphtheria. The strongest dose which he has given was according to the following formula:

℞ Oil of eucalyptus leaves 5 grams;
Rectified spirit 75 "
Distilled water 170 "

To be shaken and used for ten inhalations.

In this dose the medicine was inhaled four times daily, for ten or fifteen minutes each time, by a patient suffering from bronchitis and chronic laryngitis. It produced no troublesome effect, but acted as a powerful expectorant.

Another formula employed by him was:

℞ Oil of eucalyptus leaves 2 grams;
Rectified spirit 20 "
Distilled water 180 "

For ten inhalations.

This was given with the best effect in a case of croupous pneumonia in the stage of defervescence, with residual infiltration of right upper and middle lobes. It was inhaled four times without any bad effect.

A still weaker preparation is:

℞ Eucalyptus oil 1.5 grams;
Spirit of wine 15 "
Water 200 "

Has been used by him in several cases of nasal and pharyngeal catarrh, and also in a case of acute pharyngitis accompanied by slight laryngitis, with good effect.

Dr. Mosler is engaged in further researches on the action of inhalation of eucalyptus oil in affections of the respiratory organs.—*British Med. Jour.*

Books and Pamphlets.

LACERATION OF THE CERVIX UTERI. By A. R. Jackson, A.M., M.D. Read before the Chicago Medical Society, July, 1879. Reprint from the Chicago Medical Journal and Examiner, August, 1879.

The author gives a *résumé* of twenty-three cases operated upon for this malady according to Emmet's method. He believes, with Goodell, that fully one seventh of uterine ailments are due to laceration of the cervix. His cases all got well after the bloody operation. Other eminent gynecologists do not think that this is such a common disorder, nor that a bloody operation is always necessary. The paper by Dr. Jackson, however, when joined to Dr. Emmet's views, are very strong arguments against the latter. O.

HISTORY OF THE DISCOVERY OF ANESTHESIA. By J. Marion Sims, M.D., M. A., LL. D., 267 Madison Avenue, New York. From the Virginia Medical Monthly, May, 1877. New York, 1879.

The object of this pamphlet is to establish the name of Crawford W. Long, M.D., of Athens, Ga., as the Discoverer of Anesthesia, and to ask the medical profession to petition Congress for a liberal appropriation for his family and those of his co-workers, Wells, Morton, and Jackson. O.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

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LAST week the French Anthropological Society received as a present from the venerable savant, Dr. Broca, two heads of Canaques preserved in spirits of wine. One is that of Altai, the insurgent chief, and shows great intelligence and energy; and the other that of a medicine-man.—*Exchange*.

[It is a remarkable head that shows great intelligence and energy after removal from the body and preservation in alcohol.]

Miscellany.

A SALT MOUNTAIN IN SAN DOMINGO.—Europe has its subterranean salt-mines, of which the saline springs were, till lately, used by gradually evaporating the brine pumped over brushwood, where a strong current of air contributed to its evaporation till it became sufficiently strong for the salt-pans. A brine containing only one fifth per cent of salt was thus concentrated to a strength of from fifteen to eighteen per cent. This brine was rapidly evaporated by artificial heat, a considerable deposit of sulphate of soda being formed, which was from time to time removed, leaving the crystallized salt behind. This process of brush-evaporation has been entirely abandoned since the discovery of solid salt deposit by boring at a comparatively easy depth. Saxony, the Salzkammergut in Austria, and Wieliczka, the south of France, Droitwich and Chester in England, yield immense quantities of rock salt, but nowhere in the world have the convulsions of the earth thrown out such enormous masses as in the island of San Domingo. Here a mountain more than nine miles in length, and from one half to three quarters of a mile in width, of a height of from one hundred to seven hundred feet, is composed of solid layers of salt, nearly pure and ready for use. The inhabitants have used this for hundreds of years; and though Humboldt mentioned this phenomenon at the commencement of this century; though many other explorers, notably Sir Robert Schomburgk, have spoken about the commercial value of this heap of condiment, no serious efforts have been made until lately to turn this source of profit to account. That this neglect has continued during the last decade is perhaps to be attributed to the unfortunate speculation with which the name of San Domingo has been coupled. Lately a company has been formed in this country to work these mines in connection with American capitalists, for which the Dominican government has granted concessions. The quantity of salt in sight is reported to be inexhaustible, and the labor necessary to extract it is that of simple quarrying. This mountain is about fifteen miles distant from the town of Barahona, on the Bay of Neyba, where vessels of the largest tonnage can find safe shelter and anchorage near the shore. A railway to connect this port with the mine is contracted for, and the necessary jetties will soon be commenced.—*Scient. Amer.*

IRISH "CROWNERS" LAW.—Some remains, supposed to be those of a child, were found last week in the ceiling of a house near Kilkenny. An inquest being held, two of the jurors expressed their doubt that the bones were human, and wished to have a medical opinion on that point, but the coroner objected, stating that there were persons present who were satisfied that they were human remains. The charge of the coroner is reported in the local paper in the following terms: "Gentlemen, you have heard the evidence. We can not find by whom the child was left there, but it was *illegal and unlawful to find it there*. Neither can we learn was it alive or not, nor its sex. It must have been there a long time. I have drawn up the following verdict, which I think you will agree to, viz: 'That the remains were found illegally and unlawfully concealed by some person or persons to us unknown. From the size of the skull and bones we believe them to have been a full matured infant at its birth; from the years of decay unable to say whether male or female.'"—*Med. Press and Circular*.

DRUGGISTS.—A legitimate outgrowth of the persistence by some druggists in the giving of gratuitous medical advice, that by so doing they may more readily dispose of their drugs, is making itself quite apparent in the agitation of the question whether it would not be advisable for physicians to dispense as well as prescribe remedies.—*Ex.*

KUMYS.—C. A. H. De Szigethy, M. D., in Proceedings of the Medical Society of the County of Kings:

This fermented-milk preparation is generally known by the name of kumys, without any regard to the kind of milk from which it is prepared, although the Tartars designate by kumys only that preparation obtained by the vinous fermentation from the mare's milk, that from cow's milk airen or arjan. . . .

From among the many complicated and laborious methods of preparing the kumys I select two which I have found to be the simplest, so that those who can not procure any of a standard quality may have the benefit of a tolerably good substitute.

Take about nine liters (five quarts) of freshly-milked cow's milk, two hundred and fifty grams (one half tt.) of white or of grape sugar, and heat it to 30° or 32° C. (86° to 90° F.), then add about eight grams (two drams) of compressed yeast, and stir for a

few minutes. After this bottle the same into champagne-bottles, but do not fill the bottles up to the cork. The bottles must then be shaken a few times for the next three or four days, by which the strongly-effervescing milk wine will be ready for use. Previous to the bottling bottles and corks must be well cleansed with a solution of soda.

Another way of preparing kumys that will never cause any diarrhea and is very nutritious is as follows: Dissolve one half kilogram (one tt., four ounces) of finely-powdered milk sugar in three liters (six pints) of water; of this solution mix one liter with three liters of skimmed milk that has stood over night; to this add one half to one bottle of already-prepared kumys; then let this mixture stand in a temperature of about 21° C. (70° F.) till some carbonic-acid bubbles begin to form; then add the remaining two liters of the first sugar-of-milk solution with six liters more of well-skimmed milk, and churn the whole mass for about fifteen or twenty minutes in a new churn. After this let it stand for a day and then churn again for an hour before bottling it into well-secured champagne-bottles. These bottles must then be kept for six or eight hours longer in a temperature of 21° C. before they are removed to a cooler place.—*N. C. Med. Jour.*

PLOWING BY ELECTRICITY.—Some experiments have recently been tried with the Gramme machine of plowing by electricity in the park attached to the factory of M. Menier, Deputy, at Noisel. Several furrows were plowed at seven hundred meters distant from the motor power required to develop the current, the work of the plow being estimated at that done by two pair of oxen. The trials were made to show the possibility of causing a Fowler's plow with six shares to proceed at the speed of a meter per second; and so successful were they that M. Menier gave instructions for an experiment to be instituted on a large scale. M. Henri Menier, his son, is about to make exclusive use of electricity in all the farms on his father's estate, the most distant being situated at five kilometers from the river Marne, the fall of which is the source of motor power, and costs nothing.—*Rev. Scientifique.*

THE NUMBERS OF MEDICAL STUDENTS IN GREAT BRITAIN.—Various accounts more or less elaborate, and for the most part equally unreliable, have been published as to the numbers of students who have entered the

various medical schools this year. The most which can be said with any semblance of accuracy is that the numbers are unusually large. At St. Bartholomew's nearly one hundred and sixty have entered, at Guy's nearly as many, at King's sixty, at the London about the same number of full entries, at Charing-cross forty-one; and all the other schools, with one or at most two trifling exceptions, have more pupils than usual. Various reasons have been adduced for this, one being that the present condition of trade hinders young men from seeking a career in that direction, and turns them to the professions. We doubt if they will find unbounded prosperity in any of them—perhaps least of all in ours.—*Med. Times and Gazette.*

APPRECIATIVE.—It is at all times flattering to human vanity to be spoken well of and to be welcomed, and without egotism we hope we may lay claim to a fair share of this. We were, however, scarcely prepared to receive a letter from Dr. Warner, of Michigan, U. S., stating that while traveling on the Continent this summer he came across a copy of the Medical Press and Circular, and was so impressed with its value and usefulness that immediately upon his return he determined to show his appreciation by asking us to place him on *the free list*, to mail him the journal regularly in future; and, if we would further extend our kindness, he would like all the back numbers for this year, that he might bind them. We feel flattered at our correspondent's desire to bind, but would suggest that he show his appreciation in the more practical method adopted by so many of our readers in the States, of which the International Post-office Order authorities will be glad to furnish particulars.—*Med. Press and Circular.*

THE Physiology and Psychology of the Result of the late Election in Ohio is the title of an article in the Cincinnati Lancet and Clinic, by Dr. McElroy. About its physiology and psychology we don't much care, but we are awfully sorry it went Republican.

A BOOK NOTICE.—We have just received a very pretentious work, "Hygiene and Public Health," edited by Dr. Brutz, so well known in connection with Ziemssen's Cyclopaedia, and so dear to the subscribers. It is published by Wood & Co., New York, and Sampson, Low, Marston, Searle, and Rivington, London. We hope in a few weeks to review it.—*Med. Press and Circular.*

Selections.

Employment of Eserine in Cases of Glaucoma.—Since the close of the year 1877 eserine has been used by M. Knapp in numerous cases of glaucoma. Most satisfactory results have been obtained by him in certain cases of acute glaucoma, but in some he has found that the administration of eserine was not only useless, but even harmful. In cases of chronic glaucoma M. Knapp has never either observed or obtained satisfactory results. On the contrary in one case, of which he gives us a full account, the employment of eserine has had a harmful effect. He has taken notes also of a case of absolute glaucoma in which it has remained completely inactive. As to the employment of eserine preparatory to iridectomy, the author, though he has frequently made use of it and fully recognizes its advantages, warns us that in one case the use of this myotic engendered congestion, true inflammation of the iris. In cases of corneal fistula, in which the use of eserine has been so highly recommended, the author has found it but moderately successful.

Finally, M. Knapp, taking into consideration the series of cases of glaucoma treated with eserine by him, believes himself fully authorized in deducing from his personal experiments the following conclusions:

The cure of acute glaucoma by the use of eserine is rare, and requires a considerable period of time. Its use, however, leads to temporary amelioration, which prepares the patient for iridectomy.

In cases of subacute glaucoma eserine is of doubtful utility.

In cases of chronic glaucoma, with or without the appearance of inflammatory symptoms, the action of the eserine is either null or harmful.

In cases of glaucoma occurring in a healthy eye during the closure of the other eye (on which iridectomy has been practiced for glaucoma) eserine has no curative effect; that is to say, in those cases which have fallen under the notice of the author.

The instillation of eserine into the healthy eye for prophylactic purposes, when the other is attacked by glaucoma and awaiting iridectomy, has not been practiced by M. Knapp, who considers, however, that this method may have its utility.

The danger of engendering iritis, and that also of provoking acute attacks, should be sufficient to warn us against the immoderate use of this powerful myotic. M. Knapp instills eserine only in those cases in which the eye on which he is about to operate has the following peculiarities, which might render the operation difficult: exceptional hardness of the globe, an exceptional pupil, and considerable diminution of the anterior chamber.—*Medical Press and Circular*.

Removal of Glands of Axilla with Tumors of the Breast.—Lecturing at La Pitié on a case of amputation of the breast, Prof. Verneuil observed that sometimes the indurated glands extend very far under the pectoralis, where it would be difficult, as in this case, to follow them. He therefore made at the anterior edge of the axilla a section of the pectoralis major by means of the linear écraseur, thus rendering the search for the glands much easier. In this way this thick muscle was divided without giving rise to any bleeding, and the search was easily pursued. These glands, excepting those situated at its outer

border, are chiefly situated along the vessels, and especially along the axillary veins in the deeper-seated regions. It is especially in removing these deep-seated glands that we have to fear hemorrhage from the axillary vein—hemorrhage which is easily and rapidly produced on the slightest detachment of the glands, even when the use of a bistoury is abstained from. It is not the vein itself which is wounded, but every gland is connected with this by means of a short venous branch with a relatively large caliber. On detaching the glands by the fingers or a blunt instrument this vein of the ganglion becomes torn, and bleeding is produced, owing to the absence of valves, just as if the principal trunk were injured. It is impossible to find this little branch to tie it; and the ligature of the axillary vein should be practised at two points, as bleeding takes place at both ends of the divided vessel. Difficult as this proved in this case, it would have been infinitely more so if it had to be done under the great pectoral in a wound undated with the blood. The operation is therefore greatly facilitated by the previous division of the muscle.—*Gazette des Hôpitaux*.

Sanitary Science and Preventive Medicine.

Dr. Alfred Carpenter, in an address on this subject, sums up his conclusions thus: 1. The particulate nature of contagia; 2. The necessity for motion of sewage and all excreta; 3. That there must be no direct communication between the sewers and the interior of the house; 4. That sewers must be freely ventilated; 5. That sewage must be utilized the moment motion ceases; 6. That sewers and water-services must be completely separated, so that interchange should be absolutely impossible; 7. That the individual house is the unit of sanitary work; 8. That the individual case is the unit of suppression.

Hoarseness—Borax and Nitrate of Potassium.—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Médicale*.

Lemon-juice for Hypertrophied Tonsils.—Saint Germain has found lemon-juice a very simple and efficacious remedy for the suppression of hypertrophied tonsils. In young subjects he pencils the tonsils with lemon-juice twice a day. A cure is usually obtained in two weeks. He does not consider more heroic treatment justifiable till this remedy has failed.—*Revue de Thérapeutique*.

[Sucking the lemons would do as well.]

Rust is readily removed from white goods by soaking the stains in a weak solution of tin chloride, and rinsing immediately with much water. The tin salt is more reliable in removing iron rust, and quicker in its action than oxalic acid, unless the stains are soaked in a solution of the latter contained in a tin spoon, when the stains disappear in a shorter time.—*Pharm. Centralb.*

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 23.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

PROF. J. LAWRENCE SMITH.

This distinguished savant met with a very warm reception upon his return home from Europe. At a public banquet given in his honor at the Galt House of this city, on the evening of November 26th, there were a hundred and fifty gentlemen, the majority of whom representative men, who came together to grace the occasion.

As Professor Smith's path to distinction lay through the profession of medicine, we deem it very proper to transcribe in a journal of this character an account of the proceedings which not only conferred honor on an individual, but embraced therein honor to his guild. We make such extracts from the Courier-Journal report as may be of particular interest to our readers and as our space will allow.

We have on a previous occasion given a sketch of the life and scientific labors of Professor Smith. We omit, therefore, that given in the present account, but we can not forbear presenting anew the several places of scientific honor with which our distinguished *confrère* has been rewarded.

Prof. Smith is a member of the American National Academy of Sciences, etc.; membre correspondant de l'Institut de France (Académie des Sciences), etc.; member of the Chemical Society of Berlin, of the Chemical Society of Paris, of the Chemical Society of London, of the Société d'Encouragement pour l'Industrie Nationale, of the Imperial Mineralogical Society of St. Petersburg; corresponding member of the Boston Society

of Natural History, of the American Academy of Arts and Sciences, of the American Philosophical Society, American Bureau of Mines, the Société des Sciences et des Arts de Hainaut, etc.; Chevalier de la Légion d'Honneur; member of the Order of Nichan Iftahar of Turkey, of the Order of Medjidiah of Turkey; Chevalier of the Imperial Order of St. Stanislas of Russia. Which, it will be seen, are no mean recognitions even for a Kentucky scientist.

TOASTS AND RESPONSES.

The viands having been disposed, Dr. D. W. Yandell, as chairman of the occasion, arose and said:

It is my pleasant task to say what all of you already know—that we are here to do honor, in our Kentucky way, to the very distinguished savant whom we have asked to meet us this evening. I know I but express the sentiment of this large company when I say not one of all our noted citizens has ever won such renown in the scientific world or returned to us with distinction gained in so many and such varied fields of scientific research. I would therefore offer you the health of our guest and our friend Dr. Smith, to be responded to by Col. Watterson.

Mr. Watterson made response as follows:

MR. CHAIRMAN: I rise to propose the health of our honored guest. It is rare indeed that a community, pursuing the obscure tenor of its way far from the great capitals of thought and action, is able to claim among its inhabitants one who has taken all the prizes the world of science has to give; who has risen to the head of his particular department, and has been elevated to the official head of his profession in his own country; who wears the insignia awarded eminent professional service by every one of the enlightened nations of his time; and who comes back to us, after an absence of a few months, the successor of Franklin, Prescott, and Agassiz in the National Institute of France. A man of this description is usually to be found only about the centers

of scientific inquiry and development, and the circumstance should make us exceptionally proud of so marked a citizen. But proud as we are of the *savant*, loaded down by public decorations and professional trophies and honors, we are yet prouder of the *neighbor*, to whose private virtues we are here to pay the homely tribute of personal respect and regard. Let the nations of the earth distinguish our friend as they may, let his professional brethren esteem and promote him as they shall, he will always remain to us the unaffected, spotless gentleman we know him to be. In this spirit, Mr. Chairman, I propose the health of Prof. J. Lawrence Smith.

Professor Smith responded substantially as follows:

MY FRIENDS: Several days ago my friend Mr. Watterson came to me and announced the fact that a number of my personal and professional friends desired to show in some way their esteem for me personally and for my scientific learning. I said to him then what I say to you now: What have I ever done that you should do this to me? And I was willing to apologize if need be. I am unaccustomed to public speaking, for whenever I open my mouth I put my finger in it. But though this is a very social occasion, I feel that I must say something solemn even at the risk of souring the wine.

Never in my career have I felt so proud of any honor as this. When scientific men in this country and in Europe did me honor in any way, I felt, to be sure, a certain glow of pride in it, but took it somewhat as a matter of course, for we were all in the same boat. To-night I see before me a representative gathering; men from all trades and professions, the lawyer, the merchant, the doctor, and the clergyman, and this fact affords me not a little gratification. If I have done any thing, my friends, to merit your esteem, the result has been reached by hard labor, and that alone. It is the same in all professions. The successful lawyer is a laborer; the successful doctor is a hard worker, and so is the successful merchant. It is not genius so much that succeeds as it is hard work; it is perseverance, and making sure of one step before you take another. I have always been proud when either in this country or in Europe people have referred to my labor as without mistakes.

I came to this city about thirty years ago. I had up to that time pursued rather an erratic scientific course. When I located in Louisville I began to crystallize my efforts, as a man to be successful in any calling must crystallize and concentrate his thoughts and his labor. I found here a center such as had never been mine before. I became associated, in the University of Louisville, with many men of learning—the profound Drake; the famous Gross, courtly as he was erudite; the graceful Cobb; the encyclo-

pedic Yandell—and it was here that I found a basis of a career, a point upon which to place my fulcrum and get a start in life. When I went to Europe I found myself honored far above my expectation. I went there to work, to complete my scientific labors: and I came back to bring to you the fruits of my labor, for they belong not to me, but to all men.

Dr. Smith then went into details of the International Congress for considering the inter-oceanic canal across the Isthmus of Darien, to which he was a delegate, and closed as follows:

But I grow loquacious. I have returned to the place where all my friends are; to the place from whence I received a consistent start in science, and I can not but recall that institution in which I have felt so much pride. I would therefore propose to you to drink to the University of Louisville and to the memory of the shades whom we all love and honor; and I know of none more fitted to voice its praises than he who has taken such a lifelong and steady interest in it as Hon. Isaac Caldwell.

Mr. Caldwell, the President of the University, responded as follows:

I thank our guest for remembering the University of Louisville. It was eminently fitting that he should not forget an institution of learning in which fourteen years of his valuable life were spent as professor. When he became a professor in the Medical Department of the University, in 1854, the school was in its infancy, if indeed, compared with the older establishments which have since honored him, we can say the University is yet out of its infancy.

It was gratifying to hear our guest declare that it was the period of his connection with the University in which he crystallized his scientific career. Since he resigned his professorship, in 1868, he has been a trustee of the University. These ties of a quarter of a century have so linked his name with the University that the history of the one can not be complete without the biography of the other.

The University of Louisville, though young compared with educational foundations abroad, is old in the history of western America. It is firmly and permanently established. Let not the people of Louisville and Kentucky forget or fail to appreciate the fact that the Medical and Law Departments of the University of Louisville are the leading schools of law and medicine in the Mississippi Valley. I am glad to report to our returned trustee that they have never stood on firmer or safer ground of prosperity and usefulness. The sons of the *alumni* are now seeking the *alma mater* of their fathers for instruction and for her honors. The *alumni* of the University furnish governors of states, senators, great sur-

geons, renowned professors, distinguished lawyers and statesmen in all parts of the South and West. Our guest has mentioned some of the great names associated with him as professors. I remind him there are now names great and growing into greatness who remember him as their distinguished professor.

If Louisville is not to-day a great literary and scientific center, as we have been reminded she is not, let me ask why may she not be such in the great future before us? Why shall not the University be sustained in her upward march? Why may not other younger, meritorious institutions springing up around us be also succored and encouraged until Louisville shall become famous as the "University City?" Why may not brilliant scholars in the possible hereafter, for honors conferred at Louisville, have banquets at home, as our guest has at home to-day?

The professors of the University—united, able, untiring—are nobly performing their part, and are worthy successors to the great men who have preceded them.

Following Mr. Caldwell, Judge Jackson, in his most humorous vein, answered the toast to the city of Louisville. General William Preston then responded to the toast to Kentucky, and the distinguished soldier and jurist never looked more magnificently or spoke more eloquently. Another sentiment was "The Church," responded to by Dr. Broadus; and it is to be regretted that his beautiful appeal for tolerance in both Science and Religion were not more fully reported.

The next regular toast was "the Press," and the chairman called on Dr. R. O. Cowling to reply. Dr. Cowling said:

It did not seem to strike the assembly that I was the peculiarly proper man to reply to this toast, and indeed it does not strike me that I am altogether the individual for the duty. I did think that perhaps some time during the evening I might be asked to respond to the sentiment of "The Medical Press," but I had hoped it would be farther on in the proceedings, when the company would not be likely to be so critical. Yet even then I felt that my claim as a representative of the medical press was somewhat weakened, for a number of my friends have paid me the compliment to say that the LOUISVILLE MEDICAL NEWS is the only independent *political* journal of the city; and besides, since the Courier-Journal has taken on itself to go over to Grant and homeopathy I thought that perhaps my friend Dr. Watterson would claim the privilege of answering for the medical

brethren. But, gentlemen, no matter what portion of "The Press" I represent, or how fitly I represent it, I can surely say that no journal of this country more than the LOUISVILLE MEDICAL NEWS joyfully recorded the fact that our distinguished guest had received the honors which were accorded him in France. As one of its editors, when I noted the fact I rejoiced for many reasons—because Prof. Smith was my fellow-townsmen, because he was of the university to which I have the honor to belong, and, above all, because he was my old master. I was proud indeed to think that I had sat at the feet of an Academician. I have always regarded the Academy of France with awful feelings—as something, in fact, not to be approached by ordinary mortal footsteps. It was twenty years ago when, spending a vacation from college on the Hudson, I passed an evening with Judge Kent. No doubt some of you remember what an extraordinarily courtly gentleman he was, and what a brilliant *raconteur*. I was his partner at whist, I remember, and I record the fact that in this connection he said several pleasant and polite things, quite the contrary to many remarks of my more recent partners in that game, who for some unknown reason always seem to grow crazy and unseemly after my third lead. During the evening he told me his experience with the French Academy. He said that he had a ticket of admission to one of its sessions, and on presenting it got a seat "within the rail," separated from the general crowd. After a while the president of the Academy, who was at the time M. Arago, came forward to the front of the platform and announced in stentorian tones that "M-i-c-h-a-e-l F-a-r-a-d-a-y, the philosopher of England, honors the house with his presence." "Immediately," said the Judge, "as I was the only stranger who was apparent, a hundred glasses were leveled at me, and I sat for the whole of the session afterward in intense embarrassment. When I left the room numbers crowded around me, and, seizing me by the hand, said, 'We have the honor, do we not, of saluting Monsieur Faraday?' I replied, 'No, indeed; simply a savage from the banks of the Hudson.'" When I heard of Prof. Lawrence Smith's election to the Academy the first thought that came to my mind was the anecdote of Judge Kent, and I said to myself, "By St. George, we have indeed sent the Academy a Michael Faraday from the banks of the Ohio."

PROF. ESMARCH is a believer in the anti-septic theory to the extent that he would have each soldier provided with materials to prevent the ingress of germs. He recommends gauze bandages, salicylated cotton, etc. as a part of the field accoutrement.

Reviews.

Manual of the Principles and Practice of Operative Surgery. By STEPHEN SMITH, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York; author of a work on Military Operative Surgery.

After a somewhat protracted investigation we are at a loss to identify an analogue in the entire range of operative surgeries for the brilliant little handbook under consideration. It would be difficult to deal *seriatim* with Dr. S.'s book, nor will it be necessary to do so in order to convince inquisitors of its rare practical value, not only for the student or the doctor who is called on to rapidly inform himself accurately of the best mode of doing any required surgical operation, but also for the surgeon who inclines favorably to condensed yet fully descriptive writings of his specialty.

To the utmost extent permitted by the size of this book Dr. S. deals tersely with matters of ethical, etiological, and pathological interest to the surgeon, citing for the support of the views expressed in these connections a vast array of the highest authorities known.

Long association with and earnest labor in great hospitals have rendered Dr. S. one of the most skillful and exquisitely-accurate operators known to us, and this fact may be easily excerpted by even a casual reader of the little volume on our table.

In the descriptions of the operations the reader is not confronted with scarecrows and bugbears in the shape of covert warnings so often mistaken, particularly by younger surgeons, for lines marking the boundary of territory on which they may walk securely, and beyond which stands Dr. A, B, or C, in New York (?) ready to clear away the doubt surrounding the propriety (?) of young surgeon X doing the operation by simply doing it himself and smiling blandly as he pockets the fee.

We consider Dr. S.'s book decidedly in the light of a pleasing invitation to students to learn operative surgery from its pages themselves, and to acquire the courage necessary to an operator from the accurate information it imparts. No physician should lack the book; and but for the absence of a full chapter on the subject of the philosophy of surgical dressings, we consider it one of the very few *really* "long-felt wants" of the profession. The work comes from the matchless "Riverside Press." E. V. D.

Atlas of Skin-Diseases. By LOUIS A. DUHRING, M. D., Professor of Skin-diseases in the Hospital of the University of Pennsylvania, Physician to the Dispensary for Skin-diseases, Dermatologist to the Philadelphia Hospital, etc. Part VI: Syphiloderma (Pustulosum); Erythema Nodosum; Seborrhea; Eczema (Papulosum). Philadelphia: J. B. Lippincott & Co. 1879.

Part VI of Dr. Duhring's exceedingly excellent Atlas is equal to the parts that have preceded it. The plates are perfect and the descriptions are clear and concise. Dr. Duhring's treatment is that which is most fashionable with dermatologists. All practitioners of medicine should possess Duhring's Atlas; and if they will treat the skin-diseases like diseases of the other tissues, with reference to their constitutional cause, they will find the practice of dermatology eminently satisfactory.

Formulary.

APPLICATION IN APHTHOUS STOMATITIS.

R Pulv. sodii borati } āā ʒj;
Pulv. acid salicylici..... }
Mellis..... ʒiij. M.

—*Phila. Med. Times.*

HEMORRHOID OINTMENT.

R Iodoform..... ʒj;
Acid carbolic..... } āā gr. xv;
Acid tannic..... }
Ext. belladonnæ..... } āā gr. viij;
Pulv. opii..... }
Vaseline ʒj.

—*Southern Clinic.*

SUPPOSITORIES IN VAGINISMUS.

R Ol. theobromæ ʒj;
Potassii bromidi..... gr. x;
Ext. belladonnæ..... gr. vj;
Acid. thymici..... gr. j. M.

Fiat in suppositor No. I.

To be placed in the vagina every evening.

—*Phila. Med. Times.*

Miscellany.

A GOSPEL TRUTH.—Writing of "gratuitous treatment of clergymen," Dr. Wood, in the Philadelphia Medical Times, says:

It has long been etiquette among physicians, how long we do not know—always, perhaps—to treat clergymen without remuneration. In the opinion of the laity, a doctor's fee, no matter how small it may be, seems out of proportion to what he expends

or gives for it. The line or two of hieroglyphics and the dozen words of advice are all-powerful for life or death; but they cost the physician nothing at the time they are given, although the giver may have spent thousands of dollars on his education. A certain annual income is, then, necessary in order simply to pay the interest upon what his knowledge has cost him. Moreover, we have always contended that the better the physician's education the more valuable is his advice, just as the labor or the opinion of a master workman is worth more than that of his apprentice or half-developed journeyman. But while in the one case the laity see the logic of this argument and are willing to pay for it, concerning the highly-educated physician there is a spoken or tacit opinion that he demands too much. When danger has passed the smallest fee is grudged, the animus being that of the old French couplet, which signifies that while he is needed the doctor is an angel, but when his bill is presented he is a—the contrary. [That is, the "devil to pay."]

In eighty cases out of one hundred a doctor whose opinion is worth having not only earns his fee, but, in view of what he really gives for it, is underpaid. Like other human beings, he has his butcher, his baker, his grocer, his tailor. Like them, too, he has bills to pay. He may be no mathematician, but he has sufficient algebra to know that o will not pay for x . What wonder, then, that he sometimes feels himself an abused and unappreciated individual!

When he received his diploma perhaps he took the Hippocratic oath, which requires him to listen to the plea of the sick poor; and if he have a human heart, he finds pleasure in healing their ills for the sake of that untold satisfaction which is the reward of relieving suffering. It is *his* method of giving in charity, and only he knows how much and how often he thus gives, and gives willingly. But when he is called upon to give gratuitously where there are larger means of payment than are represented by his own income, he involuntarily feels wronged, and wonders how the man of income equal to or larger than his own can accept much and give nothing. This is the position in which he is placed when called on to attend many of our city clergymen and their families.

If the physician attends church—and it is hoped he does—he assists in paying his minister's salary. If he marries—and let us again hope he does—he pays his minister a fee which five times exceeds what he would

ask for granting the clergyman a similar amount of time. In case of death in his family he perhaps would hardly feel comfortable unless he sent his minister a fee for his services at the funeral. Now the *real* question arises, why should *he* not receive a reward for his services when the minister calls for them?

There is no kind of doubt that in this superannuated, unworthy custom of gratuitous medical treatment of *all* clergymen there exists a rank injustice. If the minister is poor, his family large, and his salary small, who should be more ready than the large-hearted physician to give of his medical largess? But when the clergyman is getting three, four, or five thousand a year there is no justice whatever in his being an eleemosynary institution.

THE EXAMINATION OF PORK.—According to the official documents analyzed by Mr. Eulenberg there were, in 1877, 172,800 cases of trichinized pork in Prussia. In the district of Stettin ninety-eight cases were observed in man, of which fifty-four occurred in the city of Stettin itself. In the district of Mersberg three small epidemics of trichinosis were observed in villages. Generally the meat had been consumed slightly smoked but *uncooked*. At Hoxeter there were fifty-two cases. To prevent the country from being literally invaded by trichinæ, the government had been obliged to have recourse to very energetic measures, requiring every pig which is slaughtered to be certified by an expert to be free from trichinæ after a microscopic examination of a portion of muscle. This work is rather severe, and falls rather hardly upon the district medical officers, of whom one alone asserts that he was called on in two days to examine five hundred and three hams, three tons of lard, and forty-six pigs.—*British Med. Jour.*

[Cooked trichinæ are innocuous; and as it is probable that most pork is infected by tapeworm-eggs and trichinæ, it is of the first importance that hog-meat should never be eaten raw.]

"SCIENTIFIC THERAPEUTICS."—It has made a few valuable additions to the *materia medica*, but whether they were not mere "lucky hits" rather than any thing better is another question. It certainly is chargeable with inculcating the false notion that the patient study of disease can in a measure be supplanted by experiments in the laboratory.—*Med. and Surg. Reporter.*

INEBRIATE CRIMINALS.—Dr. T. D. Crothers, in the Quarterly Journal of Inebriety, states the following as the results of his study:

- 1. This class of criminals is numerous, and is generally studied as the type of all others. Unfortunately they furnish the basis upon which much of the literature of inebriety is founded.
- 2. It is composed of several classes more or less distinct, requiring a comprehensive study of conditions and surroundings.
- 3. As patients in inebriate asylums they are very difficult to manage, often bringing odium upon the asylum and receiving but little benefit from it.
- 4. In the treatment they should be classified and put under strict military discipline, in which labor is part of the treatment, and this continued for months or years.
- 5. A removal and classification of this class in our asylums will increase the per cent of recoveries largely. A more thorough study also of the different classes of inebriety will reveal many facts and clear away much confusion at present existing.

CURIOUS.—The following, from the Nineteenth Century, relates to experiments in India, where the fuel and manure questions are both of great moment. The chief fuel on the plantations being cow's dung, the following experiment was made to test the relative value of the dung and its ashes as a fertilizer:

	Plot 1, with manure. Pounds.	Plot 2, with ashes of manure. Pounds.	Plot 3, nothing. Pounds.
First cutting, green fodder.....	4,058	4,368	3,140
Second cutting, green fodder....	1,680	1,176	896
Weight of both cuttings.....	5,738	5,544	4,036

SUBPLEURAL ECCHYMOSES IN CHILDREN.—Prof. Parrot terminates a paper on this subject (*Revue Mensuelle*) with the following conclusions: 1. Subpleural ecchymoses are very frequent, if not constant, in infants who die from acute pleuro-pulmonary affections complicating rubeola or diphtheria. 2. They are met with almost exclusively in subjects above a year old, and very exceptionally prior to the eighth month. 3. They differ from those which are described in treatises upon medical jurisprudence by the constant co-existence of an acute and almost always in-

flammatory affection of the pleura or lung, and by their pathogeny, which is of a morbid nature and not purely mechanical. 4. This lesion deserves the attention of medical legists, who otherwise might believe, on seeing ecchymoses beneath the pleura, that an infant had succumbed in a violent and rapid manner while in a state of normal health, when in reality death was the consequence of disease, the proof of which might be found on the attentive examination of the respiratory organs.—*Med. Times and Gazette.*

ENGLISH COOKING.—No doubt we have many excellent characteristics in our English cookery, and these we may hold to; such as excellent roasting of mutton and beef, beefsteak puddings, thick soups, fruit pies and puddings (it is a great loss to the French *cuisine bourgeoise* that they have no knowledge of our fresh fruit puddings and tarts); but our range is too limited; our selection falls too exclusively on the large and choice pieces of meat. We have neglected the art of stewing and of braising, *We know nothing of the art of cooking vegetables except by boiling them in water.* We are absurdly prejudiced against such pleasant, economical, and nutritious kinds of food as hominy, buttermilk, Indian corn, haricot beans, and all their varieties; and our vast kitchen-fires consume our substance while they spoil our food. There is another great defect in our English dietary; *it is the too sparing use of butter, fat, and oil.* A celebrated American physician goes so far as to ascribe to this source something of the prevalence of atrophy and scrofula.—*Brit. Med. Jour.*

A QUIVERFULL.—A correspondent in the British Medical Journal writes: "Could any of your numerous readers point out to a medical man of some twenty years' standing, with good credentials, but with thirteen hearty, high-spirited children, a spot in any part of the world where such a numerous progeny might be considered as riches? If so, they would greatly oblige one who at present is inclined to think that if Solomon had lived in modern times he would have somewhat modified his opinion as to the beatification of 'the man who has his QUIVERFULL.'"

[What does this puissant generative monster mean? Does he want to find a place where he can sell his offspring? Our advice to the children is, Drown the old man and emigrate to America. He is not worthy of a baker's dozen of English children.]

CINCHONA CULTIVATION IN INDIA.—The bark is cut from the growing trees in alternate strips running up the tree, leaving an interval between the strips to be taken the next year, resting it the third. The naked strip is covered with moss bound round the tree, and underneath the moss a new skin or bark forms. The plantation is carefully managed, and in suitable situations the cinchona is found more profitable than either coffee or tea. Eight years are necessary in the growth of the young tree before the bark is sufficiently matured to bear its subsequent treatment. In the tenth year the return may be four hundred pounds of dry bark per acre, and about four hundred and fifty trees per acre come to maturity. The plantation costs £80 per acre to bring into bearing. Two coolies per acre receive constant employment. The taking of the crop, delivery in London, and collecting the moss cost £6 per acre. When well managed, and at present prices (12s. a pound), it is highly remunerative.—*Nineteenth Century*.

A STRING OF THOUGHTFUL QUESTIONS.—By H. S. B., in the *Scientific American*:

Is there such a thing as a vacuum in a molecule of matter?

If not, is there such a thing as a vacuum any where outside of a molecule of matter?

If not, where is the capacity of matter for elasticity?

If there are no vacuums, or no room for movement of molecules, how do they manage to change places?

If there are vacuums (which I claim), are they not necessarily perfect vacuums, either inside or outside of molecules?

Are molecules invariably spherical in form?

If so, what occupies the interstices?

Are molecules all of the same size?

If so, how do you account for the angularity of crystallizations?

If not of the same size and density, how do you account for the even flow of electricity along a good conductor?

If they are irregular in size, shape, and density (which I claim), can the phenomena exhibited in their movements be explained upon any other ground than that there are perfect vacuums either inside or outside their organisms?

Is heat or caloric a principle or a result?

If not a tangibility, can its phenomena of action be explained upon any other ground than a result of activity of molecules by friction?

Is not the result of friction electricity?

Are not heat and electricity identical?

If not, explain the different results of the excitation of either as molecules of electricity or molecules of matter in the abstract?

If a cake of northern lake ice will thaw or melt a portion of polar ice by the activity of molecules adjusting the temperature, is the result heat or electrical activity?

If the force of heat or electrical activity can be measured, why does combustion produce such unequal results by same quantity in each different substance?

MEDICAL ETHICS.—Inquirens would be much obliged to the editor of the *British Medical Journal* if he would state his opinion upon the following question of medical ethics: A invites a brother practitioner (B) to consult with him. They agree to prescribe a given form of medicine, etc. The question is, Who is to write the prescription?

In the case of a consultation between two medical men, it is usual for the one who is called in consultation to write the prescription, and then the ordinary attendant appends his initials. The supposition is that the consultant is mainly responsible for the line of treatment agreed on.—*British Med. Journal*.

ALCOHOLIC drinks, combined with a flesh-and-fat diet, totally subjugate the moral man, unless their influence be counteracted by violent exercise; but with sedentary habits they produce those unhappy flesh sponges which may be studied in metropolitan bachelor halls, but better yet in wealthy convents. The soul that may still linger in a fat Austrian abbot is functional in his body only as salt is to pork—in preventing imminent putrefaction.—*Dr. Bock, of Leipsic*.

IRON FOR SICK VEGETABLES.—Mr. George A. Hubbard, of New Haven, writes, in the *Scientific American*, that iron is valuable in the treatment of unhealthy pear-trees. He mixes iron filings, etc. with the soil about the tree in his administration of the medicine to the sick plants.

THE COCHINEAL INSECT.—The young of this insect are born, not hatched from eggs, according to a writer in the *Scientific American*, and there is but one male to one hundred thousand females. Unless they indulge in the sin of polygamy, what a lot of unmarried females in the cochineal family!

Selections.

Uterus Bicornis: Double Pregnancy.—An interesting case of this kind is reported by Dr. E. Goutermann in the *Berliner Klinische Wochenschrift*. Frau E., born in 1844, first menstruated at the age of fifteen, and from that time regularly, but very profusely. She was married in 1869, and in the next six years all her pregnancies, though unattended with any special disturbance, ended in abortion at the third month; the catamenia appeared regularly two or two and a half months afterward. In September, 1875, she again became pregnant, and was delivered in the following June, after an easy labor, of a living and healthy female child. In the end of January, 1877, she had another abortion, which was followed by such profuse metrorrhagia as to demand medical aid. This had not occurred in her previous abortions. In November, 1877, she again became pregnant, the catamenia having been in the meantime very profuse, but regular in duration (four or five days). On December 30th she had another abortion, which was attended with labor-like pains, chiefly limited to the right side. In the middle of February, 1878, the catamenia returned, and appeared at intervals of twenty-eight days with remarkable intensity. On the first day large masses of coagula not having an offensive smell were discharged. On examining her at the end of March—three months after the abortion—Dr. Goutermann was astonished to find indications, in the enlargement of the uterus and the movements of the fetus, that she was five months advanced in pregnancy. After consideration he was led to suspect that the case was one of twin-pregnancy in an uterus bicornis; that one of the embryos had continued to develop itself after and in spite of the extrusion of the other; and that it was the emptied half of the uterus which menstruated. External and internal examination tended to confirm this view, but did not render it absolutely certain. The woman being very fat, the form of the fundus uteri could not be made out by palpation; the vaginal portion was normal, and the os was closed. Exploration with the sound was of course not attempted. She was ordered to rest and to take easily-digestible food. In the night of May 12th Dr. Goutermann was called to the patient. He found the left hand of the fetus, much swollen, protruding from the genital organs; the back lay forward and the face to the right side. There were no pains nor hemorrhage. The fetus—a male of about six months and a half—was easily brought into the world, but died some time afterward. As the pains were insufficient to expel the placenta, Dr. Goutermann attempted to remove it by gentle traction and friction with pressure over the fundus uteri, but in vain. He then proceeded to introduce his hand, following the course of the umbilical cord. In doing this he found that the os externum was formed as usual, but that the os internum, with the whole cavity of the uterus, was divided into a right and a left half by a septum. The right half, which had smooth walls and was empty, scarcely admitted the hand; in the left half the placenta was adherent over the septum. The patient made a good recovery. In August, 1879, Frau E. was delivered of a living male child, which presented in the breech position, from the left division. On this occasion also there had been abortion at the second month from the right division, and subsequent menstruation.—*British Medical Journal*.

Skin Irritation by Administration of Drugs. Dr. Robert Farquharson, in the *British Medical Journal*, presents an interesting summary of the effects on the skin of the administration of certain drugs. Arsenic in medicinal doses has been observed to produce herpes, and in larger doses an eczematous eruption. Phosphorus sometimes produces purpura. Iodide of potassium sometimes produces papules that quickly become pustular. These may develop into ecthyma or bullæ. Bromide of potassium more frequently produces an acne. Nitrate of silver produces an indelible, dull, leaden color. Mercury brings out an eczematous eruption of the skin. Chloral hydrate causes an erythema, scarlet-fever-like eruption, hemorrhagic purpura. Aconite is occasionally attended by an irritable vesicular eruption. Copaiba often produces a sort of urtica. Quinine occasionally causes two kinds of eruptions; the first are erythematous in character, attended by most distressing itching and tingling, resembling scarlet fever both in the appearance of the rash and the free desquamation which follows; the second assumes a more measly aspect, being occasionally papular, but more generally suggestive of urticaria that occurs in discrete rose-red patches, spreading universally over the skin, and occasionally attended with marked gastric disturbance. Strychnia has produced a rash resembling that from quinine. Belladonna may produce a bright red rash very like scarlet fever. Cod-liver oil occasionally causes acne. Salicylic has produced a peculiar bright punctate rash with erythematous patches, eventually surmounted by vesicles, with sore throat and constitutional disturbance resembling scarlet fever.—*Southern Medical Record*.

Eserine Dangerous in Glaucoma.—Dr. Landesberg, in a recent communication to the *Philadelphia Medical Times*, states that having published some cases in which this medicine seemed to prove efficacious, he feels it incumbent upon him to announce that *subsequent experience has disappointed his expectations. He says that now he not only regards it as an unreliable and in most cases a worthless remedy, but also a very dangerous one, by lulling into a deceitful security, and thus endangering the chances of recovery by means of a more efficacious procedure.* Especially is it dangerous in the hands of the patient himself, preventing him seeking advice until the vision is irrevocably lost.—*Medical Times and Gazette*.

The Fluke.—Concerning the occurrence of the *fasciola hepatica* in man, Cobbold remarks that Pallas and Bidloo record instances of this nature, while Professor Partridge, of King's College, detected the organism in the human gallbladder. Giesker, of Zürich, records a case where a fluke had lodged in the sole of a woman's foot, and a Mr. Fox, of Topsham in Devonshire, notes a case where a fasciola was found in the scalp, about three inches behind the ear in a child's scalp. Mr. Harris, of Liverpool, also found six or seven flukes in the scalp of a child.—*Dr. Andrew Wilson, in Edinburgh Medical Journal*.

Enuresis.—Fluid ext. rhus aromatica was given in fifteen-drop doses thrice daily, the last dose immediately before sending the child to bed. This was kept up for two weeks, gradually increasing the dose to twenty-five drops *ter die*, when the child ceased "wetting the bed."—*A. O'Neill, M.D., in New Preparations*.

The Immediate and Permanent Treatment of Disease.—Dr. Milner Fothergill read a paper on this subject before the Harveian Society of London, in which he pointed out how in many cases the treatment which gave immediate relief was not that to be continued in the permanent interests of the patient. He instanced first the free use of opium in the hacking cough of phthisis and in chronic bronchitis, which gave immediate relief but did harm eventually. Then in the diarrhea due to impacted masses in the rectum astringent mixtures might give immediate relief, but they were not curative, while removal of the masses was. So too in neuralgia, the injection of morphia eased the pain for the time, but if continued was more likely to confirm it than to cure it. Likewise in dyspepsia of reflex origin, its cure depended upon the removal of the exciting cause. In gout, the application of cold or of leeches give instant relief, but he quoted Garrod in illustration of the evil consequences which followed such treatment. But of all instances of the conflict between the present and the permanent treatment of disease, that furnished by endocarditis was, he said, the most striking. It was the rule to give tonics as soon as possible and to get the patient up, but he contended the proper plan of treatment was to keep the patient flat in bed for some days after all evidence of active mischief had passed away. The growth of connective tissue in the valve-curtains, which was lighted up by the inflammatory storm that passed over the endocardium, persisted some time after the endocarditis itself was over, and it was the mutilation caused by the contraction of the neoplasm which was chiefly to be dreaded. Consequently the true line of practice was to reduce the strain upon the inflamed valve-curtains by complete rest and the administration of agents which lowered the blood-pressure within the heart and arteries. The more the connective-tissue growth could be limited at the outset, the less the future mutilation of the valves.—*British Medical Journal*.

Esophageal Ulceration from Digestive Fluids.—Quinke (*Deutsches Archiv für Klinische Medizin*) reports three cases of ulceration of the esophagus which presented such anatomical appearances as to persuade him that the ulcers must have been caused by the corrosive action of the gastric juice, and consequently were to be regarded as analogous to the round ulcers of the stomach. The comparative rarity of such ulcers in the esophagus is manifestly due to the exceptional and usually limited contact of the esophagus with the gastric fluids. Bloody vomit and dejections, perforation and contractions occur as in the ulcer of the stomach. It is possible that a simultaneous considerable ascites and obstinate vomiting may assist in the diagnosis.—*Boston Med. Jour.*

Case in which a Man was Struck by Lightning.—Dr. G. Wilks contributed this case to the Clinical Society of London: On June 8th last four men at work in Romney Marsh were compelled by the violence of the rain to seek shelter. Three of them retired into a lodge, the fourth (J. Orman) remaining under a willow tree by the window of the lodge to pass urine. Almost instantaneously the building was enveloped in a blaze of lightning. The three occupants, having recovered from their terror, ran to seek their companion. They saw that the tree had been struck, that Orman's boots lay at the foot of the tree and his clothes scattered in a line for several yards along the field, while he him-

self was stretched upon his back six feet away, stark naked, calling to them for aid. The man himself said that he felt himself violently struck across the chest and shoulders, hurled through the air and dashed upon the ground, and was sure that he never lost consciousness. His clothes were all blown off him except one sleeve of his flannel under-vest; the leather straps which fastened his trousers were rent like tinder and his new strong boots torn like paper, while his watch and chain were partly fused. Upon admission to the Ashford Cottage Hospital the man was found to be burnt all over, more or less. His eyebrows and whiskers were gone; the burns on the back and chest were superficial, those on the abdomen and pubes more deep; down each leg ran a broad three-inch riband-like scar, terminating at the left heel in a small roundish hole; at the right, in a large lacerated wound, through which the os calcis might be felt fractured into several pieces. There was also a compound comminuted fracture of the right tibia and fibula, which bones were protruding through the skin in the course of the riband-like burn. The deepest burns were about where the buckles of the waist-belt and garters and the watch must have been; but from the knee to the heel on the right leg the whole thickness of the skin in the riband-like track was destroyed by the burning. The man was deaf, but singularly placid and cheerful, showing no signs of shock. He made an excellent recovery (though the burns about the fractures and the sloughy state of heel were complications of some moment), walking across the room ten weeks after the accident. He was now (October) earning his living, with a leg shortened from a half to three quarters of an inch. The following facts were noted: 1. The course of electrical action was from above downward; 2. The clothes being very wet, their conductivity had been probably heightened; 3. Where the flannel was next the skin the burns were more superficial; 4. Where the cotton shirt and trousers touched him the burns were uniformly deeper; 5. Wherever there had been a piece of metal (*e. g.* waist-belt, jacket-buckles, watch, shoes) there had been an explosion, or at least a development of great heat; 6. The man was aware that he usually raised his right heel from the ground during micturition, which might have caused the fierce explosion on that side; 7. The nervous system had an almost complete immunity from injury; this was attributed to the wet clothes being good conductors.—*British Med. Jour.*

Syphilitic Neuralgia.—The Southern Clinic for November copies from the *Med. and Surg. Reporter* the following: "Obstinate neuralgic pains frequently result from syphilis manifesting itself by hyperesthesia of scalp, nocturnal pains, tibial nodes, etc. In such cases the iodide of potassium will generally relieve the patient in a few days."

[But it must be given with reference to the pain and not to the size of dose. An ounce in twenty-four hours is sometimes necessary, but the remedy is certain.]

Bromhydrate of Morphine.—This is more soluble in water and is twice as powerful as the sulphate. It combines the sedative effects of the bromine with the anodyne properties of the morphine. It is not so dangerous, and it is not so apt to be followed by unpleasant symptoms. It is the drug especially for irritative affections of the spinal cord.—*Dr. Laudrieux, in the Journal de Thérapeutique.*

A Case of Pleuropneumonia with Effusion Treated with the Ergot of Rye.—Until now the ergot of rye has been employed principally as an oxytocic, sometimes as a hemostatic, and in certain affections of the spine. It has recently been employed as a febrifuge in typhoid fever and as a local application in ophthalmia, but having read of its utility in pneumonia I determined to try it in the following case.

On May 20th last I was called to see a young married woman aged twenty-eight, suffering from symptoms of some pulmonary affection. On examination I found she had all the signs of the commencement of pneumonia of the right lung, the left being unaffected. She had been ailing for about eleven days, and, thinking she had only a "cold," continued her occupations as usual. On the 19th, however, finding herself prostrated with intense fever, she was obliged to lay up, and sent for me the next day. She complained of great pain in the lower and back part of the chest, accompanied with slight oppression and a continual cough; and as she was in a state of great agitation, with a full soft pulse and dry skin, I gave her a mixture composed of bromide of potassium, liquor ammonia acetatis, digitalis, and morphia, in some syrup and water, of which she took a tablespoonful every two hours. This had the effect of quieting the patient, but the other symptoms had not much abated. At my visit on the morning of the 25th I noticed that the sputa were mixed with blood, and signs of the supervention of pleurisy of the same side became evident, accompanied with considerable effusion of fluid. I then prescribed a combination of the liquid extract of ergot of Bonjean with liquor ammonia acetatis, which she was to take every two hours. On the morning of the 26th the patient was more oppressed, the effusion considerably increased, extending to the top of the scapula; the cough was still frequent; the sputa, however, were less tinged with blood and less viscous. I called Professor Sée in consultation. He saw the patient on the morning of the 27th and confirmed my diagnosis, and prescribed the same mixture with slight modification, the ergot of rye, however, the principal ingredient, being retained. On leaving, M. Sée promised to return in three days, to decide as to the necessity of performing thoracentesis, but at his visit on the morning of the 30th he was surprised to find the patient in a state of convalescence; for resorption of the fluid had almost completely taken place; and indeed since the 28th there was complete defervescence, the sputa were free from blood, and the patient continued to progress steadily toward recovery. I saw her two or three days ago and found her in perfect health.—*Alexander Boggs, M. D., Paris, late of the Indian Army, in British Medical Journal.*

Carson's Method of Killing Animals for Food.

A good many years ago Dr. Carson, of Liverpool, took out a patent for a particular method of killing animals for food. This method, I believe, consisted of the simultaneous pumping of air into both pleural cavities, so as to compress both lungs and heart and put a summary stop to the processes of respiration and circulation. The advantages claimed for this method were, that it was a painless and humane mode of slaughtering, but especially that there was no loss of blood; and thirdly, that the blood distributed over the body remained *in situ* as it was during life. The pleura was distended with air, and therefore the lungs could not exercise the suction that they generally do

so as to draw the blood from the smaller vessels into the right auricle and large veins of the chest. When Dr. Carson's patent became extinct by lapse of time an effort was made to renew it on the ground of its utility. To this end appeal was made to several London physicians and scientific men, now at least twenty years ago. I recollect dining with Dr. L. in Savile Row, well known for his proficiency in natural science. The dinner was a good one, and the chief dish was an excellent haunch of mutton. When this had been removed our host told us that this haunch had been killed in Liverpool by the Carson method, and had been sent to him in order that the opinion of London savans might be taken upon it. We all agreed that the mutton was tender, dark colored, and very well flavored; and our suffrages went in favor of the system, which claims humanity to the victim and improved quality and quantity of food to the consumer as its peculiar merits.—*Writer in Medical Times and Gazette.*

The Hygiene of Photography.—The hygiene of this interesting profession has been for the first time studied with care by Dr. Zanetti. He points out that there are in the establishments and especially in the laboratories of photography a great number of chemical products, of which some are extremely volatile. Among these products may be cited ether, collodion, ammonia, acetic acid, and alcohol, as deserving particular attention by virtue of their great volatility and their frequent employment in photography. These products diffuse, especially during the warm days of summer, vapors which, mixing with the air of the laboratory, give rise in those who breathe them to the following morbid symptoms: First of all, a sense of oppression is complained of, with painful constriction and itching in the throat. Then nausea, giddiness, and general uneasiness supervene. Ordinarily these symptoms do not last, and the workmen end by becoming acclimatized. It seems, however, that they only become so after having already contracted the germs of affections which sooner or later show themselves in a serious form if they continue to live in so deleterious an atmosphere. We might cite examples of photographic operators being obliged to renounce their profession, or to continue it in a new way, in order to escape from the injurious effect, especially of the vapors of ether and alcohol, that is the great danger to health without proper precautions. The accidents which may be caused by the contact of non-volatile toxic substances may be easily avoided, but in spite of good ventilation it is very difficult to escape completely from the subtle vapors of ether and alcohol. Those who are exposed to them suffer from vertigo, nausea, vomiting, and insupportable headaches when they are in their laboratory. Other photographers who do not experience either headache or nausea suffer from a diminution of appetite, nightmare, or the almost complete loss of sleep. In others the permanent inhalation of ethereal vapors produces cerebral irritation, which differs little from drunkenness.

How then can these inconveniences incident to the profession of the photographer be avoided or at least lessened? In the first place, it is desirable to avoid or to use only with extreme moderation alcoholic liquors; for the alcohol drunk can not fail to join its action to that of the respired ether, and even to sometimes provoke the morbid phenomena already mentioned in individuals who, had they been more temperate, would perhaps have escaped. The bever-

ages advisable to use in order to avoid the inconveniences of the prolonged etherization are lemonade or natural or artificial mineral waters. To combat the loss of sleep it is sometimes necessary to employ opiates associated, according to the advice of Dr. Zanetti, with aconite or antimony. He says he has not had any success with other hypnotics. For disorders of the stomach, such as loss of appetite, nausea, vomiting, a bitter drink is recommended, consisting of a pint of water, two ounces of dry coffee, with three drams each of quinine and quassia bark, the mixture to be left for some days and filtered, and a wine-glass of it be taken every morning. For the intense headaches frequent among photographers, some relief is obtained by drinking a glass of sugar-water to which a few drops of vinegar or sal volatile are added. The most certain remedy, however, is the employment of methods which exclude the injurious substances, alcohol and ether. The use of new methods for negative photography which do not require the employment of ether and alcohol will produce valuable hygienic results in this disease.—*British Medical Journal*.

Note on the Treatment of Mucous Polypus of the Nose.—In some cases of polypus of the nose I have recently been adopting a treatment which has given good results. In structure these growths consist of but little more than connected tissue infiltrated with serum and inclosed in something resembling mucous membrane. When removed by avulsion and exposed to the atmosphere they rapidly shrivel by the escape of their serum, their distended grape-like appearance being exchanged in a short time for that represented by little more than a few shreds of connective tissue. The treatment to which I refer consists in freely puncturing these growths from the anterior nares by means of an ordinary acupuncture-needle, thus allowing the fluid of which they largely consist to drain away. To prevent them from re-filling I follow this up by ordering the patient to inject into the nostrils a solution of carbolic acid and glycerine, which has a most marked drying-up effect, and to continue to do this daily and thoroughly for some time. In this way I have been able to deal successfully with some cases where the growths have been of a limited nature and the patient averse to their avulsion. In the last case I made the punctures with one of Southey's trocars, which answered well, the serum escaping through the canula. I have thus in treatment regarded these as being local and limited edemas, rather than hypertrophies, and as being, when once emptied, curable by astringents. It is not always possible, from their position, to subject all these growths to puncture, otherwise I believe this plan would be found generally successful.—*Reginald Harrison, F. R. C. S., in British Med. Journal*.

Bright's Disease and Primary Atrophy of the Kidney.—The following conclusions arrived at by Rosenstein are taken (*Wiener Med. Presse*) from the programme of the Sixth International Congress at Amsterdam, before which his paper was to be read:

1. The anatomical alterations of the kidneys which occur in the disease first clinically described by Bright are always both interstitial and parenchymatous.

2. There is neither an exclusively interstitial nor an exclusively parenchymatous nephritis; both portions of the kidney are affected whenever a diffuse inflammation of the kidney has occurred, as may be confirmed by experiment and clinical observation.

3. The final result of the diffuse inflammation is

the white and the red granular kidney. Both serve as the anatomical basis of the atrophic kidney, and are distinguished from each other only by the fact that the parenchymatous affection predominates in the former, while in the latter the interstitial change is prominent. The two forms may be distinguished clinically as well as anatomically; that is, by the composition of the urine.

4. Clinical observation makes it probable that a stage of enlargement precedes the so-called primary atrophic kidney or the red granular kidney, and this possibility is not opposed by anatomical evidence.

5. Bright's clinical description applies mainly to the white granular kidney, and the progress of the disease resulting in this condition may be divided with certainty, both clinically and anatomically, into two stages.—*Boston Medical and Surgical Journal*.

M. Paul Bert's New Method of Anesthesia.—M. Paul Bert's new method for producing anesthesia—nitrous oxide used under pressure—has been introduced into the Paris hospitals. Last week M. Léon Labbé performed seven surgical operations, of which the duration varied from five to thirty-two minutes, in the movable chamber put up at the Lariboisière Hospital by Dr. Fontaine for the surgical and medical employment of compressed air. As in the operations already performed at the medico-pneumatic establishment in the Rue Chateaudun by M. Péan, the success of this new anesthetic method was complete. On the 29th ult. M. Labbé removed a cancerous breast, the operation lasting for one hour and four minutes. This is the greatest success recorded up to the present time. Some days since the same surgeon performed an operation in a private house into which the movable chamber had been taken, removing a tumor of the breast which had grown again after having been operated on twice under chloroform. The patient had on both occasions suffered for forty-eight hours from the effects of the anesthetic employed. On this occasion, however, there was no such inconvenience. Consciousness returned quickly, and there were no consecutive ill effects. MM. Labbé and Péan will continue to operate in M. Fontaine's movable chamber at Lariboisière and St. Louis hospitals.—*British Med. Jour.*

Treatment of Polysarcia.—Doubtless the very excellent results which have been reported as following the administration of fucus vesiculosus, and its superiority over its constituents when the latter are administered separately, are owing to the fact of the organic combinations into which these constituents have entered in the plant. It is, however, in the obesity of those of the lymphatic temperament, above alluded to, that the beneficial effects of this drug are most marked. It has little or no influence in reducing the "fleshiness" of persons of active habits and of the sanguine temperament. In these strict regulation of diet affords almost the only prospect of relief, but owing to the keenness of the appetite which usually exists this regulation can very rarely be enforced. The cases in whom fucus vesiculosus shows its most decided beneficial effects are women in whom there exists usually some menstrual derangement, as menorrhagia and leucorrhœa, owing to an atonic and flabby condition of the uterine tissue. In such cases an improvement in these local derangements usually precedes the general reduction of fat and the improved tonicity of the general system.—*Dr. Mulheron, in New Preparations*.

Mr. Richard Davy's Hip-joint Operation.—This able London surgeon reports, in the *British Medical Journal* of November 1st, ten hip-joint amputations, with eight recoveries, and but sixteen and one half ounces of blood lost in the whole ten amputations. By his lever introduced into the rectum he controls the hemorrhage by pressure on the common iliac artery. He thus describes his lever:

"The lever is turned out of ebony, and varies in length from eighteen to twenty-two inches. Its surface is very smooth and polished, and its ends are rounded off much like the finger-tips. The maximum transverse diameter is five eighths of an inch; the minimum, three eighths of an inch. The rectal end is graduated to an inch-scale, so that the surgeon who applies the lever can at once learn whereabouts may be the end of the rod."

He enumerates the following advantages of his method of operating:

1. Most perfect control of the required artery.
2. Minimum amount of disturbance of the circulatory system.
3. Independence of the respiratory movements.
4. Its general and easy applicability, strictured rectum being the sole obstacle.
5. The pressure applied is so easy to maintain, and the assistant's body so well out of range of the operator, that no hurry need perplex the one nor anxiety the other.
6. Its application is quite safe in skilled hands, no injury having ever resulted, and but little pain having been suffered.
7. Cheapness and simplicity, illustrating a lever of the first order.
8. The success hitherto achieved by its employment.

The Cure of Consumption.—It is now pretty generally believed—universally, we might say, in the medical profession—that the age of miracles is over; but the statements now starting the rounds of the medical journals in Germany regarding the cure of tuberculosis by the inhalation of the benzoate of soda are calculated to renew the most sinking faith.

Dr. Krocak, of Innsbruck, says: "We use one part of benzoate of soda in a five-per-cent solution twice daily to the thousand of the body-weight by means of a good atomizer for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly-returning appetite with meat diet, fresh air, and abstention from all debilitating causes."

A Vienna paper adds: "Our druggists can hardly supply the demands for the benzoate of soda, as the use of it has surpassed all medical prescriptions. It is indeed bought up on every hand."—*Cincinnati Lancet and Clinic*.

Novel Treatment of Chloroform Asphyxia.—Dr. Spörer relates in the *St. Petersburg Med. Woch.* the case of a boy eleven years of age in whose ear a pea had become imbedded. After numerous trials to remove it, from thirty to thirty-five drops of chloroform were inhaled from a handkerchief in order to relieve the great pain which these trials caused, and the body was then easily removed. But scarcely had the inhalation ceased than the boy's pulse entirely failed, and he gave every sign of approaching death. Efforts of restoration of the usual kind were tried in vain for more than twenty minutes. His head and the upper part of the body were then thrust out of

the window to try the effect of the cool September air; but as no effect was produced, one of the assistants seized hold of the boy by the legs and hung him out of the window with his head downward, swinging him to and fro like a pendulum. After four or five minutes of this procedure the boy's death-like face became reddened, and to the joy of all present he uttered a cry. The respiration and circulation were restored after more than half an hour's arrest. Dr. Spörer does not believe the recovery was due to the mere exposure to the air, but rather to the inverted position of the body inducing a passive congestion of the anemic brain, and thus giving an impulse to the action of the heart.—*Medical Times and Gazette*.

Spontaneous Gangrene in a New-born Infant.—Dr. Bidder related at the St. Petersburg Medical Society a remarkable case, in which the left foot of the fetus presented for twelve hours, owing to the weakness of the pains, in a birth otherwise quite normal. As soon as they became stronger delivery was easily accomplished. The foot and leg were, however, observed to be blue and edematous, and in a few days complete gangrene was developed, with an incomplete line of demarcation above the malleoli. Superficial gangrene also affected the ends of some of the toes of the other foot. Amputation of the leg was performed on the fourteenth day. Primary union followed, and the child recovered. The cause of the gangrene was quite obscure, for no pressure of an injurious extent had been exerted by the uterus on the limb. Neither Dr. Mayerhofer, who had had under his notice one hundred thousand births at Vienna, nor Dr. Rauch, who perhaps has seen as many cases, ever met with a similar occurrence.—*St. Petersburg Med. Woch.*

Iodide of Potassium and Calomel in Ophthalmology.—Schlæfke (*Græfe's Archiv*) refers to the fact which has frequently been observed that the external application of calomel may give rise to severe inflammation of the conjunctiva if used simultaneously with the exhibition of KI internally. This he explains by the formation of iodate and iodide of mercury, which in the presence of common salt or KI are soluble and act as caustics. He finds that if KI be taken twice daily in 0.5-grain doses its presence can be constantly detected in the conjunctival sac.—*Edinburgh Medical Journal*.

Malarial vs. Intermittent Fever.—I am glad to know that some one else is endeavoring to give enlightenment upon this terrible disease, and to distinguish between the "malarial" and "intermittent fever." While I believe that "malarial poison," as we now understand it, does cause chills and fever, I am also sure that we have chills and fever from this other source; namely, rapid changes in temperature.—*P. H. Mason, of Peekskill, N. Y. in the U. S. Med. Investigator*.

Prof. Schiff on Metallotherapy.—He came to Paris full of unbelief and doubt in the apparently inexplicable results of the French authors; there convinced himself by a brilliant series of experiments of the trustworthiness of the patients and the truth of the statements concerning the return of sensibility in anesthetic parts of the body, and even of the so-called *transfert de la sensibilité* upon contact with certain metals.—*Corresp. Berliner Klinische Wochenschrift*.

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EDITORS.

THE NEW CURE FOR PULMONARY CONSUMPTION.

In a late number of the NEWS there was published an extract from one of our exchanges, which called attention to the *furor* just now excited in Germany, by the alleged discovery of a positive cure for phthisis. Dr. Krocak, assistant to Prof. Rokitsansky, in his clinic at the University of Innsbruck, announced in the Vienna Medical Press, some weeks since, that consumption, even in its worst forms and last stages, where large cavities existed, and the patients were nearly moribund, was rapidly cured by the professor and himself with benzoate of sodium. Under this treatment it was alleged that such cases were restored to health in two months, all physical signs of cavities disappearing, and the patients gaining greatly in weight. Of course the newspapers were quick to seize upon and spread near and far the startling but blissful tidings. There is nothing too irrational for the visionary or the charlatan to assert, and nothing too improbable for mankind to believe; and when it is stated on the authority of a man in exalted position that a remedy for the most prolific source of human destruction has been found, it is not strange that a profound sensation is created. Incredulity, no doubt, seemed to the German people a sin against science when Rokitsansky, the son of Rokitsansky, was the reputed author of the cure.

A letter from a patient to Krocak, elicited the following response, which was published:

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One part of benzoate of soda in a five-per-cent solution twice daily to the thousand of the body-weight by means of a good atomizer for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly-returning appetite with meat diet, fresh air, and abstention from all debilitating causes.

The treatment was rapid, simple, inexpensive, not unpleasant, and almost certain. The consumptives, abundant in Vienna as they are every where, rushed to the druggists for benzoate of soda and Seigle's atomizers, and the demand soon surpassed the supply.

But already, alas! it seems the bubble has burst. The false hopes raised in the diseased breasts of their unfortunate countrymen by the Innsbruck teacher are being dissipated, and the harsh words charlatan and swindler are coupled with the name of the son of his father. Extensive trial of the benzoate of soda in private practice and in the hospitals of Innsbruck and Vienna "*have failed to yield the slightest favorable result, or a trace even of the most trifling diminution of dangerous symptoms,*" says the Vienna Medical Weekly, in emphatic italics. Professor Albert, a colleague of Rokitsansky, challenges him to a public demonstration of the truth of his assertions. He is charged with playing the part of a charlatan by taking advantage of the credulity of the lay public to make capital out of what the doctors consider "very like a swindle," and the Vienna Medical Weekly goes so far as to demand that he be displaced from his professorship.

But we are loath to believe, indeed we can not believe, the medical men in question have been guilty of a cold-blooded crime against science and humanity. They have been demented by a theory, carried

into absurdity by a hobby, blinded by an uncontrollable belief in the illimitable power of antiseptic remedies.

All of us know that truthful persons have seen men and tables lifted and carried by unseen hands. A perverted imagination produced the vision. We lately heard from the lips of a distinguished Englishman (not a doctor) that he had seen a decanter at a dinner moved by invisible means from table-end to table-end, fill the glasses with wine, and return safely to its place. The Bible informs us "wine is a mocker," and in this instance it may have been the source of the delusion.

The London Medical Times and Gazette, from which the facts concerning the consumption-cure are gleaned, commenting on the matter, says:

Nevertheless, in spite of this outcry, there is reason for believing that inhalations of benzoate of sodium may arrest septic processes (and there is no doubt that the later stages of phthisis are accompanied with or dependent on septic processes) in the lungs.

The faculty of the University of Innsbruck has appointed a committee to investigate the claims of Prof. Rokitansky, and doubtless the whole question will be thoroughly ventilated.

THE ninth volume of the LOUISVILLE MEDICAL NEWS will begin in a few weeks. Every effort will be made to keep up the interest and usefulness of the publication, and we trust that we shall continue to receive the support which we have had heretofore, and moreover get our natural increase. There are several ways to increase the subscription-list of a journal—by the personal solicitation of agents, by the offer of premiums, by reduction in rates, etc.; but we believe that that journal must best thrive which can so interest its readers as to make them take an active interest in its welfare. We have always tried our best to do this, and certainly much of our good fortune is to be traced to this source. With the close of the year we make another appeal to the subscribers of the NEWS, that they will do

their best in the way of renewing subscriptions and in inducing others to subscribe. If each one who feels enough interest in the matter would induce one other to add his name to our list, it would soon swell to enormous proportions. In the meanwhile we promise in return to divide our prosperity with our friends by sending them the best publication that our industry and their money can afford.

Original.

A CLINICAL LECTURE

Delivered at the Pennsylvania Hospital, Philadelphia.

BY J. M. DA COSTA, M. D.

Professor of the Theory and Practice of Medicine in the Jefferson Medical College.

[Reported for LOUISVILLE MEDICAL NEWS.]

OBSTINATE CONSTIPATION AS A SYMPTOM OF TYPHOID FEVER.

I have brought these two cases of typhoid fever before you partly in order that you may see them while still in the acute stage, and partly because they illustrate in common a point of considerable clinical interest with which you should all be familiar.

CASE I is a Norwegian sea-captain, who was brought into the hospital, on November 9th, with a history of two weeks' illness. He is a large and powerful man, but was speedily prostrated on board ship by a low form fever of which diarrhea was an early symptom. He had also been delirious, and had complained of great headache. On admission there was picking of the bedclothes, great muscular tremor, flushing of the face, deafness, and muttering delirium. Tongue was brown and dry. The first sound of the heart was quite feeble, the splenic area of dullness was enlarged, there were one or two spots upon the abdomen, and the urine contained a slight amount of albumen and some hyaline casts. On admission the man's temperature was only 100° , but the next day it shot up to 103° , and remained in that neighborhood for several days, and then began the characteristic zigzag course until it had fallen, yesterday, to $97\frac{1}{2}^{\circ}$ in the morning, with a slight evening rise. This shows that the fever-process is nearly over. The patient has been treated with mineral acids, small doses of quinia, a moderate amount of stimulus, and a well-regulated diet.

Ever since the case has been under our

care the bowels have been decidedly constipated; so much so, indeed, that we have had to give him a dose of castor oil. The diarrhea at the beginning of the attack probably owed its existence to hearsay; we have certainly seen nothing of it.

The man's tongue this morning is moist and but slightly coated. His expression has brightened; he takes notice of what I say, and his deafness is gone. His pulse this morning is 100, his respirations 22, and his temperature 100°. There is still tenderness in both iliac fossæ, and some spots still exist on the chest. The bowels were opened last night as the result of a dose of oil given yesterday morning, and several hard masses of a bright yellow color were passed. The urine was again examined last night, and still found to contain albumen and granular and hyaline casts.

Whether due to some alteration in diet or to natural processes, it is very evident in this case that there is some risk of a relapse. Under these circumstances he shall be given twenty grains of quinia to-day, the mineral acids shall be continued, and we will see if we can not avert the tendency to a return of the disease.

CASE II.—This patient is also a seaman, twenty-eight years of age. He has been afflicted with a number of fevers. Two years ago he had yellow fever. Fourteen days prior to his admission, which was on November 17th, he sailed from Liverpool, and very soon after starting complained of headache, diarrhea, and loss of appetite. Later in the voyage the fever distinctly manifested itself; spots appeared on the abdomen. On the day of his admission his temperature was 101°, his pulse 100, and his respirations 26. There was cough, with mucous expectoration, and great deafness. The sounds of the heart were feeble; the spleen was enlarged; there was tympanitis, gurgling in the iliac fossa, and considerable eruption without sudamina. His bowels were so constipated as to necessitate giving him a fluid-dram of castor oil on the 20th, which caused the evacuation of some hard yellow masses. The temperature-chart has been very characteristic of the third week of the disease; running on one day from 98° to 102½°, and on the next from 97° to 103°. I lay great stress on the presence of these zigzag lines in the third week. If they do not occur, there is certain to be either some local complication, some relapse threatening, or something which interferes with the normal fever-process.

This morning the man's pulse is 84, respirations 22, and temperature 98°. There are still a few loud râles, but no dullness, present. There is no tenderness in the iliac fossa. The disease is in the third week. The treatment has consisted in eight grains of quinia daily, and fifteen drops of dilute muriatic acid every two hours. Milk and beef tea form the patient's diet, with four fluid-ounces of whisky daily.

We have seen these two cases. In most respects they are like other cases; but one case is instructive by reason of the very characteristic temperature-sheet, and both present the symptom of obstinate constipation. I have at present a third case in the wards showing the same state of the bowels; and, grouping these three cases together, I want to say a word to you regarding the condition which they present in common. Diarrhea is the rule in typhoid fever, and you of course know what the characteristic lesions of the disease are, and why it is that they necessitate the occurrence of diarrhea; and yet, although diarrhea has been looked on as a most certain and constant symptom, it has not escaped the observation of clinical observers that a certain proportion of cases of typhoid fever are marked by constipation rather than by diarrhea. This observation was made in this country by Nathan Smith, in describing the fevers of New England, long before the distinction between typhus and typhoid was made. So too in England.

If I remember aright, Murchison says that one fifth of the cases which have come under his consideration have had constipation. This, however, is a larger proportion than my experience has taught me. It proves, nevertheless, that constipation may and does happen. We very often find these cases going in groups. A certain epidemic is marked by this symptom of constipation as a peculiar feature.

Why is constipation present in some cases? Are such cases more or less serious than those with diarrhea? Is this symptom of any prognostic value? Yes; it is of considerable value, for it has been found that the cases with constipation generally recover and are the lightest. But there is no rule without exceptions, and I can recall a case in which the constipation was so marked, the tongue was so slightly coated, and the skin was so yellow that there was great doubt in my mind as to whether the case was not one of remittent fever, which doubt was only

cleared up by the appearance of the typical eruption. In that case the enteric symptoms were very slight, and the patient appeared to be doing very well, when there was a sudden onset of hemorrhage followed by peritonitis and death. The autopsy revealed a small perforating ulcer going right through one of Peyer's patches, while the other escaped inflammatory action entirely. Nor is this the only instance of the same kind. Our general conclusion, therefore, is that cases where constipation is a constant symptom are generally favorable, and that the inflammatory and ulcerative action is slight, except in those rare instances where one gland sloughs, giving rise to perforation, hemorrhage, and death.

The treatment depends upon whether the constipation follows diarrhea, or whether it has been a constant symptom from the beginning. If it is simply a reaction from the diarrhea, I let it alone unless it continues a very long time. There is an old saying by Baglin, that in typhoid fever we should "shun purgatives like the plague." I do not agree with him, and yet his dictum represents a truth—*i. e.* that we should not interfere in such cases unless it is absolutely necessary—unless it lasts from four to six days. When constipation is the rule, however, from the beginning of the attack, I always interfere, otherwise hard masses accumulate and press on and irritate the bowel. In such cases it is better practice to resort to laxatives, and of them none so good as castor oil in small doses. We administer it in this way: half fill a spoon with ice-water, and then float the oil on top. Dose, one to two fluidrams.

When there is a tendency to excessive constipation there should not be an exclusive milk diet, but the food should be varied by the use of animal broths, etc.

ACUTE ERYSIPELAS.

J. H., aged sixteen, admitted November 19th, had a temperature of $103\frac{1}{2}^{\circ}$ on admission. The fever-process was most marked. He told us that shortly before admission he had caught cold, and that it had been followed by a chill and fever, but no sweating. There had also been slight cough and expectoration, and his head ached, but he had not been confined to bed. Some days before these symptoms had manifested themselves the boy had had a fall and cut his scalp.

When I first saw the patient his pulse was 100, his respirations 24, and his face puffy

and flushed. As he was evidently suffering from fever of some sort, I ordered ten grains quinia and a solution of acetate of ammonia. I examined his abdomen for typhoid-fever spots, but could find none. The bowels were constipated. There was some gurgling in the iliac fossa.

On the morning of November 20th the temperature was $101\frac{1}{2}^{\circ}$. That evening it ran up to $104\frac{1}{2}^{\circ}$. The next morning it was 98° , and that evening 100° ; in other words, the temperature-chart was very irregular. But this chart cleared up our doubts at once; the record could not be that of the first week of typhoid fever.

Very soon after the boy came under our observation the fever was followed by erysipelas. His face began to swell. You can still see the redness of the tissues about the eyes through the natural hue of the skin. The whole face is still tumid and enlarged. Very possibly the attack was brought on by some injury resulting from the fall which the lad had.

This morning the pulse is 74, the respirations 20, and the temperature $99\frac{1}{2}^{\circ}$. The patient has taken about twelve grains quinia daily, and since yesterday has been getting twenty drops of tincture of chloride of iron every four hours.

This is a marked case. The eyelids are swollen, the face is tumefied, and the tongue is coated. *The urine is not yet albuminous.*

How shall we treat the boy? Our treatment will be partly local and partly internal. I will order the dose of the iron increased to thirty drops every four hours. The quinia shall be continued. The diet shall consist of milk, oyster broth, and farinaceous articles of food. No stimulus will be allowed. The bowels will be freely opened by an occasional purge. Locally, the ointment of zinc shall be spread on a piece of linen and applied to the face, with holes for the eyes, nose, and mouth.

I think the case is an instructive one as illustrating the irritative fever, of doubtful type, which precedes the outbreak of erysipelas. The existence of gurgling in this fever is apt to lead one into the mistake of diagnosing the case as one of typhoid fever.

I called your attention just now to the fact that there is no albuminuria as yet. Some years ago I instituted a series of investigations with regard to this point, and the conclusion which I reached was that where the erysipelas is severe, we are as certain to find albumen in the urine as in diphtheria, and much more constantly than

in scarlet fever. The time when the albuminuria is present is when the attack is at its height or is just subsiding. If what I say is correct, we ought to find albumen in this case to-day or to-morrow.

The whole system shares in the morbid process—sometimes the heart is affected. Let us see if this is the case here. It beats 86 to the minute, and there is undoubtedly a soft systolic murmur, whose point of greatest distinctness is at the base. Whether this murmur was preëxistent, or is owing to the erysipelas, I can not say.

Correspondence.

To the Editors of the Louisville Medical News:

Though chemistry is confessed a dry and uninteresting subject to most physicians, I hope you will allow me a little space in your columns in which to explain to Dr. L. S. Oppenheimer the chemistry of grape-sugar tests. I give this explanation the more cheerfully since the Dr. has complimented me with the title of "faithful defender of science," and because it is in the direct line of my duties, and I am always more than pleased when I learn of a doctor who manifests any interest in my chosen branch.

All copper tests for sugar are modifications of Trommer's test, and depend upon the same principle—*i. e.* the reduction of the oxide from the alkaline copper solution—and can be used either for qualitative or quantitative determinations, the quantity of oxide reduced being proportional to the quantity of sugar present, one equivalent of sugar reducing ten equivalents of oxide copper. In using Trommer's test, either the precipitated oxide copper may be weighed and the amount of sugar calculated, or, as is more commonly practiced in urinalysis, the sugar is estimated volumetrically, necessitating the use of a proper standard strength of the copper solution. Fehling, Barnswell, Heine, and others have modified Trommer's test by adding tartrates, glycerine, etc., not changing in the least the principle of the test, only to preserve clear test-liquids and cause the reaction to occur more quickly. "Without proper precautions sugar-testing, like all other testing, is open to fallacies." A liberal amount of laboratory experience is necessary for the proper application of this or other tests. Harley, Roberts, and others claim that Trommer's test "when skillfully used possesses a delicacy and certainty that

render all other tests superfluous." It is a shame that the necessity should arise for explaining to one who attempts to write on chemical subjects that after the "copper becomes oxidized and precipitated" the test can *not* be used for qualitative purposes, and that all works on chemistry and urinalysis, such as Fownes's, Roscoe's, Attfield's, Miller's, Wurtz's, Roberts's, Harley's, etc., describe and recommend Trommer's test and its modifications for *quantitative* analysis of sugar. "Watch-dogs of knowledge" subserve two important purposes—to expose plagiarists, and to restrain those ambitious, would-be devotees of science who, after an experience "lasting several weeks," are seized with a kind of "buck ague" and see all sorts of sights hitherto unrevealed to science, and revel in thought that they have compassed the circle of the sciences. Dr. Oppenheimer in his maiden chemical effort presents yet another instance of the lamentable results which attend undue zeal without knowledge.

J. B. MARVIN.

[We are assured that this is the last communication on this subject, and we are glad of it. Why a simple perfected test for sugar should give rise to such complications and such bitterness we can not understand.—EDS. NEWS.]

Reviews.

Memorial Oration in Honor of Ephraim McDowell, "The Father of Ovariectomy." By SAMUEL D. GROSS, M. D., LL. D., D. C. L., Oxon. Delivered at Danville, Ky., at the dedication of the monument erected to the memory of Dr. Ephraim McDowell by the Kentucky State Medical Society, May 14, 1879. Published by the Society. Louisville: John P. Morton & Co. 1879.

Dr. Coleman Rogers, chairman of the publishing committee, merits the hearty thanks of the State Medical Society for the way in which he has done his work. With a remarkable unanimity, such as we do not remember to have seen equaled, the medical press of the country has heartily complimented the volume. Its elegant printing and binding, unsurpassable any where in taste and beauty, make it an ornament to the library and an honor to its publishers.

Prof. Gross's address is in his best vein, and is indeed an intellectual effort worthy of the occasion. Great and good man, he deserves all the honors the medical world has showered upon him, and all the love that is borne him by his myriad friends.

Prof. Sayre's speech, though brief and impromptu, is characteristic of its justly eminent author. It is marked by that tender sentiment and true gallantry so strongly developed in his manly nature, and by that terse and vigorous English which is conspicuous in all that he says.

The letters from Wells and Holmes and Thomas and Richardson and Parvin and Toner add no little to the interest and value of the volume.

The presentation speech of Prof. Cowling to Prof. Gross fully expressed the warmth of affection with which the profession of Kentucky and elsewhere regarded the distinguished surgeon.

Prof. Gross's reply is a model of modest appreciation and exquisitely-expressed sentiment.

The engraving of McDowell is a work of high art. The monument, as represented in the book, is an impressive shaft.

That Dr. John D. Jackson was not there to see the completion of the worthy work which originated with him is a sad thought to all who knew that rarely excellent man. Noble gentleman, he worked beyond his strength, and incurred the penalty so often paid by energetic intellects—an untimely death.

To Dr. Lewis S. McMurtry is due, beyond all others, the credit of successfully carrying out the plans of his beloved preceptor, the lamented Jackson.

Y.

A Text-Book of Physiology. By M. FOSTER, M. A., M. D., F. R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. Third edition, revised and illustrated. London: Macmillan & Co. 1879. (Right of translation is reserved.)

Prof. Foster's Physiology is well up in all the modern advances in this delightful study, and is both concise and thorough in all its parts. Teachers and students of physiology will find it a storehouse of knowledge, and every practitioner should read it. This is the third edition, thoroughly revised, and is sold for the insignificant sum of three dollars and a half, in cloth. Think of a great scientific work of nearly a thousand pages, beautifully bound and printed, for such a sum! And yet we are told by the publishers that ere long they will issue a cheaper "student's edition." Verily, the doctor who nowadays does not supply himself with a good library, and keep himself fresh and bright in medicine by medical-journal reading, is a disgrace to his profession.

The Treatment of Diseases by the Hypodermic Method: A Manual of Hypodermic Medication. By ROBERTS BARTHOLOW, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, author of a Treatise upon Materia Medica and Therapeutics, etc. Third edition, enlarged. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton St., Covent Garden. 1879.

This little book, comprising the history, technology, and therapeutics of hypodermic medication, is concise and complete. Its popularity is evidenced by its passing into a third edition. The indications and contraindications, advantages and disadvantages, of this form of treatment are candidly and judiciously set forth, and to the practitioner who is not familiar with the uses and abuses of the hypodermic syringe we advise the purchase of Prof. Bartholow's work. The finished scholarship of the author and the artistic work of the famous publisher are conspicuously shown in every part of the book.

Harvey and his Discovery. By J. M. DA COSTA, M. D., Professor of the Practice of Medicine at the Jefferson Medical College, Philadelphia. Philadelphia: J. B. Lippincott & Co. 1879.

We are indebted to its distinguished author for this most delightful little book, which was first given to the public in the form of an address. Every lover of biography of the great, every lover of scientific truth, every lover of human intellect in its rarest and highest manifestation—scientific discovery—will enjoy Dr. Da Costa's Harvey and his Discovery. Da Costa's rich and pure English is perfectly delicious, and the subject of his essay possesses a universal attraction to medical men.

Books and Pamphlets.

ANNUAL REPORT OF THE SURGEON-GENERAL OF THE UNITED STATES ARMY. 1879.

ANNUAL ADDRESS BEFORE THE AMERICAN ACADEMY OF MEDICINE, at New York, September 16, 1879, by Lewis H. Steiner, A. M., M. D., of Frederick, Md., President of the Academy, Permanent Member of the American Medical Association, etc., etc. Published by direction of the Academy. New York, 1879.

A CONTRIBUTION TO THE HEMATINIC PROPERTIES OF DIALYSED IRON: Being extracts from communications read before the Boston Society of the Medical Sciences and the Boston Society for Medical Observation. By Robert Amory, M. D., Longwood, Mass. Reprint from the Boston Medical and Surgical Journal, April 3, 1879.

REPORT OF THE COMMITTEE ON PUBLIC HEALTH RELATIVE TO LUNATIC ASYLUMS. Transmitted to the Legislature May 22, 1879. Albany, New-York.

REGULATIONS FOR THE GOVERNMENT OF THE UNITED STATES MARINE HOSPITAL SERVICE. Approved by the Secretary of the Treasury, November 10, 1879. Washington, D.C.: Government Printing-office. 1879.

"THE McDOWELL MEMORIAL."—We are asked to state that Dr. Coleman Rogers, chairman of the publishing committee, has on hand some hundred or more copies of the McDowell Memorial volume. Any one wishing a copy can procure it by remitting one dollar to Dr. Rogers.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the NEWS is in stock. These can be obtained at the following prices: The NEWS for 1876, Vols. I and II bound together, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

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JOHN P. MORTON & COMPANY,
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Miscellany.

THE DOCTOR VS. THE APOTHECARY.—It is time the physicians of New Orleans were taking action to protect themselves from the impositions of druggists and apothecaries. The knights of the mortar and pestle, instead of attending to their legitimate duties—compounding the prescriptions of physicians, and in good faith repeating these only when especially ordered—derive quite a revenue from the sale of repetitions; thus injustice is done the doctors, and the way is paved for weak-minded men and women to become the victims of opium, chloral, or alcoholic drunkenness.

Is it dealing fair with the physician for the druggist to fill on demand an old prescription ordered for some particular case, but now lauded around and handed about by neighbors, who administer the remedy in cases of sickness when the diagnosis is the result of no greater skill than that possessed by an old woman?

There is still another matter connected with this subject that demands careful consideration. We allude to the habit that we fear is universally common among apothecaries,

and it is their habit of "counter-prescribing." We speak knowingly when we say there is a growth of this habit. Druggists prescribe daily for men, women, and children whose faces they have never seen, and whose diseases are represented to be colic, costiveness, or fits, by that inevitable old woman in every neighborhood.—*New Orleans Med. and Surg. Jour.*

[Very true; so they do. In Louisville it is just as bad as it is in New Orleans. A coöperative society of physicians, buying its medicines in convenient and elegant form at wholesale prices, and furnishing them at cost to its members for dispensing in their practice, might be a means of saving both physicians and patients no little money.]

ALCOHOL.—Dr. Buchanan, in a lecture before Anderson College, published in the British Medical Journal, said: "If he were asked whether alcohol was a good or a bad thing, he was bound to answer, in accordance with the evidence of history and in accordance with his own experience and the experience of many trustworthy men, that it was a good thing—a good gift of God to man, which human perversity alone had converted into an instrument of evil. It was quite clear that all who entertained these views of the beneficial action of alcohol upon the human body ought to partake of it; that they had a double sanction, moral and religious, in so doing; and that for any man, directly or indirectly, to prevent them from doing it was contrary to the dictates both of morals and religion. On the other hand, it was admitted on all sides that alcohol taken in excess was a poison, and destroyed every year innumerable human lives, and that it deprived a man of the use of his reason, and so rendered him dangerous to himself and to all who come near him. Alcohol was therefore a full and ever-flowing source of disease, of immorality, and of crime. It was no overdrawn picture to say of alcohol that it filled our jails and our poor-houses, our hospitals and our churchyards, and that it would subvert civil society in this country altogether were it not for the vast police force we were compelled to maintain to keep it down."

ENCOURAGING.—The Lancet speaks of "the rising spirit of the profession, and the manly self-assertion which is beginning to claim a just reward for services rendered, despite the traditional pretenses and affectations of mock philanthropy."

POISONOUS WHITE PEOPLE.—The distinguished Sir Joseph Fayrer, President of the London Epidemiological Society, in a recent address, says:

"On the river Amazon, speaking of the gradual exhaustion of certain tribes friendly to the whites who inhabit the country near Ega, Mr. Bates says: 'The principal cause of their decay in numbers seems to be a disease which always appears among them when a village is visited by people from the civilized settlements; a slow fever accompanied by the symptoms of a common cold—*de fluxo*, as the Brazilians term it—ending in consumption. The disorder has been known to break out when the visitors were entirely free from it, the simple contact of civilized men in some mysterious way being sufficient to create it.'

"A still more recent as well as a more strictly parallel illustration of the occurrence of the malady in question in another part of the globe is contained in the account of the cruise of H. M. S. *Galatea* in 1867-8, where the following statement occurs: 'Tristan d'Acunha is a remarkably healthy island, but it is a singular fact that any vessel touching there from St. Helena invariably brings with it a disease resembling influenza. St. Kilda, off the west coast of Scotland, is known to be similarly affected whenever a party lands among the people from any vessel. Whatever may be the real cause of the mysterious ailment—whether it is produced by contagion, like certain other epidemic diseases, or by a feverish excitement arising from a contact of a higher with a lower civilization—the actual occurrence of the distemper seems to be fully established; and the experiences of Ega and Tristan d'Acunha afford interesting illustrations of somewhat similar results in many different parts of the world.' "

MEMPHIS YELLOW FEVER.—The following is from Dr. Thornton, of Memphis, in the Boston Medical and Surgical Journal of December 4th. Dr. Thornton's opinions are deserving of high consideration. He is a singularly coolheaded and clearheaded man, fanatical in nothing:

"Being not only officially interested in Memphis, but personally so from long residence, and, as a consequence, from social and business interest, I am very reluctant to believe the disease originated among us; but the evidences of local origin are to me so positive and those of importation so negative, as far as I know them, that I am forced

to the conclusion that the disease arose from the infection of last year, which remained dormant till the atmospheric conditions favored its development. If such is the case, it does away with the theory of some physicians that under these circumstances the disease loses its specific character and will not reproduce itself, or that an epidemic can be produced only by fresh importation. [See conclusions of the Board of Experts authorized by Congress to investigate the yellow-fever epidemic of 1878, p. 15, ¶ 21.]

ANNUAL DEATHS OF THE WORLD.—Has any one ever sought to know how many persons die annually throughout the world? First, we may cite some figures as to the total population of the earth, which may be stated at 309,000,000 for Europe, 824,000,000 for Asia, 199,000,000 for Africa, 4,500,000 for Oceanica, 85,000,000 for America, giving a total of 1,421,500,000 inhabitants of the entire world. Nearly 1,000,000 persons die annually in France, which gives 2,800 deaths per diem in round figures. But France is one of the most favored countries in a sanitary point of view. In many countries, where epidemics are almost continually prevailing, the mortality is one third higher than in France. Still, taking the numbers of deaths as observed in France, we obtain as the total of the annual deaths for the whole world 35,693,350; *i. e.* 97,790 persons die daily. As a compensation, the number of births is valued at 70 per minute, or 104,800 per diem.—*Union Méd.; Medical Times and Gazette.*

MODERN SPECIALISTS.—Dr. Carlo Lieberman, of Trieste, says: "I am not willing to allow this occasion to pass without stigmatizing the modern specialist, with all boldness of speech, as a man who has given all his care to the study of an organ or system, forgetting that that organ or system forms an integral part of an individual. He studies the flexions and the versions of the uterus, deformities and solutions of continuity of the vaginal portion, stenoses of the cervical canal, etc. all those affections which most gynecologists regard as the source of a thousand ills. And what is worse is that, according to them all, these maladies are curable by a surgical treatment of the supposed anomaly, which surgical treatment sometimes neither corrects the local affection nor affords relief to the general state, and in some cases injures instead of relieves."—*Archives de Tocol.; St. Louis Courier of Medicine.*

LIGHT-COLORED CLOTHING FOR WINTER.—We have more than once asked attention for the undoubted effect of color on the radiating power of clothing. Remembering that the only source of animal heat—during the winter season especially—is located within the organism, and that the use of clothes is to conserve the caloric, it is important to take advantage of every circumstance which will help the result desired. Certainly light-colored substances approaching to white do not part with their heat so readily as dark. The bear of the polar regions is for this reason provided with white fur, while his brother of warmer climates has a dark-colored integument. It therefore seems desirable to prefer bright to somber hues, and if this choice were made the result would be an air of additional cheerfulness in the public streets. Fashion is, of course, omnipotent and inexorable, but, if not too late, we should like to urge the consideration suggested by science and common-sense on those who have not yet laid in their store of winter clothing. The matter may seem of small moment, but the life we live is made up of small considerations and little affairs.—*Lancet*.

[Fancy wearing white clothing in London, or in Louisville either, in winter-time! The polar bear, whose taste and wisdom are here commended, couldn't keep white twenty-four hours in a manufacturing city, and in a month he would be the color of his black relatives.]

ARSENIC IN PLAYING-CARDS.—The practice of using arsenic for the purpose of giving a more brilliant color to various substances is of course to be deprecated, but it is possible to be too hysterical about its use. Thus the letter of the city analyst of Glasgow, to the effect that he has discovered 1.6 grains of arsenious acid and .91 grain of oxide of copper in the composition of a green-backed card refers to a danger which may easily be over-estimated. Mr. Wallace says that with the aid of a little alkali and water the green coloring-matter was easily removed; but who is going to use soda and water to a playing-card?—*British Medical Journal*.

[Brandy and soda is often used in connection with cards; but if it is dangerous, one might scratch the soda-water.]

SIXTEEN hundred inhabitants of merry England suicide each year. The boys must have their fun, you know.

WATERMELONS.—Ripe watermelons are not only never injurious to health, of themselves—being, on the contrary, very wholesome for persons in health—but that they form the nearest known specific for the common summer bowel troubles, which arise in most cases from over-indulgence in solid foods, especially meat, rich cake, pastry, and various indigestible substances, with coffee, tea, and the like. And we find men and women, during the hottest weather, taking a heavy dinner—soup, fish, roast joint, half a dozen vegetables, all made hot with pepper, salt, and heavy gravy, together with pastry, nuts, raisins, ice-cream, hot coffee, and perhaps a little watermelon with all; and when, a little later, the diseased victim is being cured by the well-merited *cholera morbus*, he declares that he “will never eat another piece of watermelon as long as he lives.”

[The writer of this, in the Boston Journal of Chemistry, is a man of brains and observation.]

PROFESSOR RUDINGER'S NEW SECTIONS.—A correspondent of the *Allg. Wien. Med. Zeit.* of October 21st states that at the meeting of the Munich Medical Society, on October 16th, Professor Rüdinger exhibited some remarkable results of his manipulation of the human body by frozen sections. Eight of these are carried longitudinally from the crown of the head to the sacral region, and are so connected together that they can be opened or closed just like the leaves of a book—the fourteen surfaces when exposed exhibiting in their natural form and color all the anatomical details of the various organs. “A most interesting spectacle it was,” says the writer, “to have the body in the erect posture before you, and opening or shutting any of these sections. A more complete demonstrative object for clinical instruction can not be conceived.” The exhibition excited a complete enthusiasm among the members of the society, and Prof. Ziemssen designated it an “European *unicum*.”—*Med. Times and Gazette*.

THE GREAT AND GOOD ERASMUS WILSON. Another act of great practical beneficence is announced upon the part of Mr. Erasmus Wilson. It is his intention to build a new wing for the Margate Infirmary, to contain wards for seventy patients, a tepid sea-water swimming-bath, and a chapel for three hundred persons. The cost, it is estimated, will exceed £20,000.—*Lancet*.

THE METRIC SYSTEM.—The metric system does not seem to be making great headway among medical men in this country, but perhaps the progress is as good as could be fairly expected. At present decimal fractions are less familiar than common or "vulgar" fractions to druggists, as to most other business people, and practice alone can give expertness and accuracy in the use of the former. We suspect that this is really one of the chief obstacles to the general introduction of the metric system. To the popular mind $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$, etc. are symbols that are instantly understood, while the corresponding decimals .5, .25, .125, etc. are but slowly apprehended. When the fractions are less simple, the difficulty is proportionately greater. Our familiarity with federal money does not help us here, for in that we use no decimals beyond hundredths (we write $.12\frac{1}{2}$, not .125, etc.), and read them as *cents*, not as fractions of a dollar. —*Boston Journal of Chemistry*.

ST. BARTHOLOMEW'S Hospital was founded eight hundred years ago.

TRANSCIENCE OF SENSIBILITY IN METALLOSCOPY.—Dr. Th. Rumpf, of Düsseldorf, in a lecture delivered before the Association of Southwest German Neurologists (*Berliner Klin. Woch.*), describes some experiments which to a certain extent explain the metalloscopical "transfer" as a normal phenomenon in healthy subjects. He observed the effect produced by friction of the skin of one limb with spirits of mustard, and by the application of metal plates artificially cooled, artificially warmed, and of the same temperature as the surrounding air, and the sensibility was tested on both sides of the body by the old method of observing the distance apart at which the points of a pair of compasses are perceived as two points. He found that in healthy persons the sensibility of corresponding parts of the two sides of the body undergoes considerable variations, and that irritants to both sides can simultaneously increase or diminish it. This observation weakens the theory that diminished sensibility on one side *must* be compensated for by hyperesthesia upon the other, and *vice versa*. Secondly, Dr. Rumpf made out that a unilateral alteration of sensibility by irritants produces an opposite effect on the corresponding part of the other side, and that the normal sensibility of the two sides becomes gradually restored by a series of alternate positive and negative fluc-

tuations (Schwankungen) of sensibility in the two corresponding regions. When metal plates are used there are two effects which must be discriminated—that of the initial difference of temperature of the plate and the skin, and a very feeble one which manifests itself after an interval, and which depends upon an increase of sensibility on the side to which the plate was applied, and its diminution on the opposite side. The period during which the different fluctuations above mentioned last is materially dependent on the duration of the primary irritation, being, roughly speaking, directly proportional to the latter. Dr. Rumpf thinks two hypotheses of the "transfer" deserve attention: either we may refer it to reflex dilatation of the blood-vessels of the part itself (Westphal), or to changes in the caliber of the vessels of the central sensory organs which innervate the part in question. He thinks the second hypothesis may perhaps explain the fact that gentle prolonged irritation of the skin so readily causes sleep. —*Med. Times and Gazette*.

ENGLISH experience is absolute against the sufficiency of any general rules for securing the purity of air, water, soil, and so forth. Indian experience will prove, when more closely studied, no doubt equally absolute. —*Lancet*.

Selections.

Curing Consumption.—We extract from the *Lancet* the following most valuable Practical Notes on the Treatment of Phthisis, by Reginald G. Alexander, M. A., M. B., Senior Physician to the Bradford Infirmary, and we commend them to our readers:

Phthisis is a disease of debility, the result of defective nutrition, depending not altogether upon an insufficient supply of nutritive food. The food may contain all the elements necessary for preserving a normal state of the blood, but if that blood is not properly aerated by the lungs, and purified by the secretory and excretory organs, nutrition becomes defective. The lungs are respiratory and decarbonizing organs, the skin and liver assisting in these processes to the great relief of the lungs. The skin, on account of its extensive surface, large nervous and vascular supply, and as the greatest absorbent and exhalant surface of the body, has most important and intimate relation to the lungs. . . . The skin and lungs are the organs by which oxygen, that most important of all substances to life, is introduced; the exact amount by the skin is uncertain, but, from experiments upon animals, we infer its respiratory action in men is considerable.

In the treatment of phthisis, our great aim must be *to improve nutrition by improving the general health*. The diet must be as nourishing as the patient's weak

digestive powers will allow. The food is to be thoroughly masticated and insalivated (not washed down by tea and hurtful diluents). The air of bedrooms and sittingrooms must be kept pure, and as little gas used as possible. The function of the skin stimulated by an occasional Turkish bath, and also by the daily use of sponging with salt and water. Sea-salt may be given to hospital patients to encourage cleanliness. If the skin can relieve the imperfectly-acting lungs, how necessary to increase its function. These are some of the measures which benefit the dyspepsia of phthisis, one of the earliest premonitory symptoms, and one of the most obstinate. Medicine plays an important but secondary part in this disease. Our object being to improve digestion and nutrition, nauseating drugs—opium, squill, ipecacuanha—must be seldom used. The early dyspepsia is best treated by salines with strychnia, followed by acids, such as phosphoric acid, and quinine. As a rule acids agree best, for although there is excess of acidity in the stomach, it has been shown that it can be checked by the use of acids given *before meals*, an explanation of their undoubted benefit in phthisis. Cod-liver oil, cream, cod-liver oil jelly, pancreatic emulsion, suet dissolved in milk, are all beneficial; but small doses should be given at first, directly after meals. The hypophosphites of lime and soda give good results in some advanced forms of unilateral phthisis.

Colotomy in a Sheep performed by a Parrot. Mr. John Wood (for Mr. De la Tour, of Christchurch, Otago) exhibited the colon of a sheep which had been perforated by a parrot. He said that in the mountainous country near Otago, there was found a species of parrot called Keâ (*Nestor notabilis*), whose food ordinarily consisted of berries and insects. But since the introduction of sheep into the colony, these parrots had become fond of raw mutton, and attacked living sheep, stripping the wool, tearing the flesh, and in many cases piercing through the loin, usually on the right side, into the colon, thus producing an artificial anus. The specimen exhibited illustrated the latter condition, the gut having been found adherent to the abdominal wall round the artificial anus. The sheep had evidently lived for some time after the injury had been inflicted. It had been suggested that the object of the parrots was to reach the contents of the gut, but though they probably ate the latter, they were also fond of the flesh, for they would attack the hides of sheep. A specimen of the parrot was also exhibited.—*Pathological Society Proceedings, in Med. Times and Gaz.*

A Means of Lowering the General Temperature.—Mr. Spencer Wells, in his lecture on the diagnosis and treatment of abdominal tumors, states as a means of lowering temperature in cases when it has risen after ovariectomy, that he has tried aconite in small doses, quinine in large doses, salicylic acid in the form of salicylate of soda, in fact, almost every medicine that has been suggested as effecting this purpose, but all these trials have ended in disappointment. He has succeeded distinctly in lowering the temperature, however, and in keeping it low by the application of ice or iced water to the head. The first trials were made after a suggestion of Dr. Richardson, by putting an ice-bag round the neck. Dr. Richardson believed that by icing blood that went through the carotids to the brain, and blood that came back through the jugulars, we should directly lower the temperature of the brain itself; and prob-

ably it may have been done experimentally, but in practice it was not found easy to do. It was difficult to keep any kind of cravat or collar that was tried, filled with ice, round the neck of the patient; it slipped off; and the old India-rubber bag or ice-helmet, so well known in lunatic asylums, had to be resorted to. After a time Mr. Thornton combined a particular form of cap which answers the purpose extremely well. A pail of water with a large lump of ice in it is placed above the bed of the patient, and the stream of iced water runs through the cap, which is formed of a coil of India-rubber tubing lined with linen. That is placed upon the patient's head, and is made of different sizes and shapes to fit the patient; the other extremity of the tube is put into a second pail at the side of the bed, and by this means the head is iced. The effect in lowering temperature is very marked, the thermometer in almost all instances indicating a fall of temperature within an hour. If the temperature be rising it is checked, and if very high it can be lowered, and so time is gained for recovery of the patient.—*Canada Medical Record.*

Trephining in Epilepsy.—The following are the conclusions arrived at by Echeverria:

Trepanation is the best remedy for epilepsy due to injuries of the cranium.

Primary operations are as successful as secondary ones. Fever is a contraindication; mental aberration and paralysis, on the other hand, justify operative interferences.

Even in cases in which syphilitic diseases of the cranial bones resist specific treatment, and in which the epilepsy is caused by the diseased bones, he advises trephining.

The figures given speak for themselves. Of the one hundred and forty-two cases trephined, ninety-three recovered, twenty-nine improved, one case grew worse, in five cases no result was obtained, and twenty-eight died.

Of the seventeen primary operations, three ended fatally; of the secondary, twenty-five succumbed.—*Archiv fur Nervenheilkunde; St. Louis Med. and Surg. Jour.*

Buttermilk in Febrile Diseases.—Hildesheim calls attention to the use of buttermilk in diseases of febrile nature. Its composition proves that it contains largely of potassium salts, caseine, and milk sugar. From the former it derives its quality as a cooling laxative, while the latter sustains nutrition for a long time; and the inanition from the loss of appetite, which generally accompanies the febrile state, is thereby avoided. Quinine, digitalis, etc., may be administered simultaneously with the buttermilk if found necessary.—*Wiener Med. Woch.; St. Louis Courier of Medicine.*

A New Kymograph.—At a late meeting of the Medico-Chirurgical Society of Montreal, Dr. Wilkins gave a demonstration of the cardio-inhibitory influence of the pneumogastric nerve by means of experiments on the rabbit, using a kymograph of an entirely new form.—*Canada Med. Rec.*

It has been stated that an infusion of the *Adonis vernalis* exerts on the heart a similar action to that of digitalis, regulating the cardiac compensation in some forms of heart disturbance even when digitalis is ineffectual.

Effects of Local Irritation on Pain.—At the meeting of the Académie de Médecine on the 4th of November (*Bulletin*), Dr. Dumontpallier read a memoir on Local Therapeutical Analgesia induced by the Irritation of the Similar Region on the Opposite Side of the Body.

"From this communication it results that pain seated at one point of the body yields to an injection of simple water (which, as is known, produces local irritation) at a similar point on the opposite side. In neuralgias of different seat and nature, in acute articular rheumatism, and in rheumatic or toxical neuralgia, I have requested patients to mark with the finger the painful points, and that being done, I have sought out similar points on the opposite side of the body, and at these latter points, for the most part not painful, I have practiced injections of water or simple punctures. As soon as irritation has been produced on the sound side, the patients have acknowledged a diminution, and often a complete cessation, of the pain on the bad side, and that, I repeat, in cases of acute rheumatic arthritis. I have chosen this last example as a demonstration, as one could scarcely in such a case be deceived by patients. The joint may be red, swollen, hot, and painful to the touch or the slightest movement, but immediately the little operation is terminated, the patients find that the pain diminishes or disappears, and that they can perform flexion or extension of the joint; the swelling preventing much motion, but the pain is gone."

The following are the conclusions arrived at by Dr. Dumontpallier: 1. Every subcutaneous medicinal injection is a complex operation, in which a part must be assigned to the medicinal substance, and a part to the irritation produced. 2. The local irritation is transmitted from the periphery to the sensitive centers, and there determines a modification, the consequence of which is a diminution or cessation of the peripheric pain. 3. The real, anatomical seat of certain peripheric pains should then be in the sensitive centers; an assertion which seems demonstrated by the crossed action of induced peripheric irritation. 4. Irritation induced *loco dolenti*, or in the vicinity of the painful point, assuages or causes the cessation of pain; and when the irritation is induced at symmetrical points on the opposite side of the body, it proves often sufficient to cause a complete and durable cessation of pain.—*Med. Times and Gaz.*

A Case of cancer of the breast following eczema of the nipple of long standing is reported by Mr. G. Lawson in the British Medical Journal.

The Treatment of Epithelioma by a Saturated Solution of Chlorate of Potash.—Dr. Féréol recently reported three successes at the Société de Thérapeutique, and Dr. Tournié relates in the *Gaz. Hebdom.* the instructive history of one of his patients. In consultation with Nélaton it was decided to destroy a cancroïd growth on the lower lip, but circumstances prevented the operation taking place for the fortnight. Hoping to check the further progress of the disease during the delay, Dr. Tournié advised the application of a mixture of honey of roses and chlorate of potash. At the end of a fortnight so much improvement had occurred that the operation was abandoned, and the treatment being continued, the tumor disappeared entirely. The patient is now ninety years of age and in perfect health. A memoir on this subject has also been communicated to the Société de Chirurgie by M. Pilate.—*Lancet.*

Treatment of Typhoid Fever.—Sir William Jenner remarked that he had never known a case of typhoid fever cut short by any remedial agent. He said typhoid fever could not be cured, but more lives might be saved by judicious treatment and more lives lost by the improper treatment of typhoid fever than any other acute disease. In a very large proportion of cases no other treatment was really required from beginning to end than rest in bed, quietude, fresh air, pure water, and regulated diet, although most cases were benefited by a little wine in the third and fourth weeks. If medicinal, in addition to hygienic, treatment were required, it was because special symptoms, by their severity, tended directly or indirectly to give an unfavorable course to the disease. Often grave symptoms passed away spontaneously, although no special treatment was prescribed for their removal. When drugs were required to hold in check a special symptom, their use should be discontinued when the gravity of the symptom for which they were prescribed had subsided. Alcohol, because of its influence on the nervous system, was of the greatest value in typhoid fever, but should only be given for the purpose of attaining a definite object. Its effect should be watched, and the dose so regulated as to attain the desired effect from the smallest quantity possible. His experience led him to believe the man would be the most successful in treating typhoid fever who watched its progress not only with the most skilled and intelligent, but also with the most constant care, and gave unceasing attention to little things; and who, when prescribing an active remedy, weighed with the greatest accuracy the good intended to be effected against the evil the prescription might inflict. While admitting without reserve that heroic remedies fearlessly and judiciously applied would save life when less potent means were useless, the physician whose experience reached over many years would, on looking back, discover that year by year he had seen fewer cases require heroic remedies, and more cases in which the unaided power of nature alone sufficed to effect a cure; that year by year he had learned to regard with greater diffidence his own powers, and to trust with greater confidence in those of nature.—*Med. Times and Gaz.*

Kumyss in Obstinate Vomiting.—S. B., aged twenty-eight, has been for seven years under my care at the St. George's Dispensary, suffering from advanced phthisis. Four months ago vomiting of all kinds of food and medicine commenced. Milk, beef tea (in the smallest quantities), hydrocyanic acid, opium, bismuth, and other drugs were all rejected. Having seen the value of kumyss in cases of alcoholic insanity with vomiting, I tried it in this case, and I may say with success, considering the incurable nature of the case. For four months, with the exception of a little wine occasionally, the patient has taken no other food but kumyss. She says she should have died long ago if she could not have retained this on her stomach. I must add, however, that she is fast losing flesh, and that she can only now take a pint of kumyss per diem instead of a quart. She naturally takes a dislike to a food that has been so long administered.—*Dr. H. Sutherland, in British Medical Journal.*

A case of hydatid tumor of the liver, with supuration and discharge into the right pleural cavity, in which recovery followed evacuation, is reported by Dr. Moxon in the Medical Times and Gazette.

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THE STIGMATA OF MAIZE IN CYSTIC AND NEPHRITIC AFFECTIONS.

The stigmata of maize, or, in common parlance, corn-silk—those fairy-like locks of the immature "roas'n' ear," whose soft and lovely shining strands of gold and crimson and pink and white have so often charmed the eyes of the American country-child—are now declared to possess marvelous medicinal virtue. A Dr. Dufau, in *Le Courier Médical*, says:

The stigmata of maize have a very marked though not always a favorable action in all affections of the bladder, whether acute or chronic.

In acute traumatic cystitis, and also in gonorrheal cystitis, they have a very marked diuretic action, but at the same time increase the pain; hence they should not be employed in these cases.

The best results have been obtained in cases of uric or phosphatic gravel, or chronic cystitis, whether simple or consecutive to gravel, and of mucous or muco-purulent catarrh. All the symptoms of the disease—the vesical pains, the dysuria, the excretion of sand, the ammoniacal odor, etc.—rapidly disappear under the influence of the medicine.

The retention of urine dependent on these various affections often disappears as improvement progresses, but the use of the sound must sometimes be continued in order to empty the bladder completely.

The stigmata of maize have very often produced a cure after all the usual internal remedies had been tried in vain, or with only partial success. In other cases the ordinary methods of treatment, which had at first proved more or less entirely useless, became efficacious after the stigmata had been administered for a time, and had, as it were, broken the ground for them. Most frequently the stigmata alone sufficed for the cure, but still in some cases the effect was incomplete, and it was found that the treatment could

be varied with benefit. Infections and irrigations of the bladder also proved useful adjuncts to the maize.

As the stigmata of maize are a very powerful although at the same time entirely inoffensive diuretic, they have also been employed with the best results in cases of heart-disease, albuminuria, and other affections requiring diuretics. Cases have been reported in which the urinary secretions were tripled and even quintupled in the first twenty-four hours, and others where the exhibition of the drug was continued for two or three months without the slightest untoward effect.

The best preparations of the stigmata are the extract and a syrup made from it. The decoction is unreliable and uncertain. The syrup, the usual dose of which is two or three teaspoonfuls per diem, must be largely diluted, and for this purpose either hot or cold water or a decoction of the stigmata may be used. The taste of this mixture is very agreeable. It should be given fasting.*

We have looked in vain through the National Dispensatory, Dunglison's Dictionary, and all the materia medicas of our library for any notice of the stigmata of maize. The cornstalk-pith has been used as a dilator of the os uterus. We have heard of cornshuck tea and fodder tea as domestic diaphoretics or diuretics. The smut sometimes found on the tassels and ears of corn is said to possess all the properties of ergot of rye, and eating ergoted corn is supposed to be the cause of the Italian leprosy, called pellagra; but corn-silk as a nephritic and cystic medicine is something new to us. Next summer, when the corn grows, it will be well worth while to give the remedy a trial; and since the modern pathologists tell us that healthy human kidneys are excessively exceptional, there can be no difficulty in finding appropriate cases.

* Extracted from Southern Medical Record.

What a wonderful plant it is, our Indian corn! It is a true hermaphrodite, its tassel represents the male and its silk the female organs of generation. Its blades furnish a valuable fodder for our horses, its stalk-sap yields a fair molasses, its "roas'n' ears" are the most delicious thing man ever tasted, its ripe grain furnishes innumerable forms of delightful food and the best whisky the world has ever known. How marvelous it will be should its silk yield a potent cure for the diseased kidneys and bladders of mankind!

DR. WATERS, OF BOSTON.

Vote of Confidence in Dr. Geo. F. Waters, and Exoneration from Blame in the Death of Mr. Gardner.

The Massachusetts Dental Society closed its fifteenth annual meeting yesterday forenoon. A large portion of the session was devoted to a consideration of the case of Dr. George F. Waters, of this city, whose connection with the death of George A. Gardner, in Brooklyn, some time ago, has been fully stated in these columns. The society, by a unanimous standing vote passed the following resolutions:

Whereas, Serious charges against Dr. George F. Waters, a member of the Massachusetts Dental Society, in connection with the death of Mr. George A. Gardner, of Brooklyn, have been published in the papers of the country;

Resolved, That from the published reports and our own investigation the Massachusetts Dental Society consider Dr. Waters entirely innocent of any unprofessional or injudicious conduct in this case, and that his treatment was wise, cautious, and safe.

Resolved, That the charge that Dr. Waters used arsenic in this case is entirely and wholly false. In such a case no man possessing the rudiments of a dental education would use arsenic.

Resolved, That the course of the New York Times in first publishing this sensational report without taking proper means to investigate the charges is an outrage upon truth and the rights of citizens, and that its subsequent conduct in not making correction and reparation as far as possible, was not fair and honorable; and as this charge has seriously affected the business of Dr. Waters, by unjustly undermining the public confidence in him, we consider that that paper is pecuniarily liable for damages.

Resolved, That we know Dr. Waters to be one of the best-informed and most intelligent investigators in the profession, and entirely worthy the fullest confidence of the community.—*Boston Daily Advertiser*.

Dr. Waters will be remembered as the discoverer of the bicarbonate-of-soda treatment for burns. He is an active, useful man in his profession. Lately he suffered much annoyance from the newspaper charge of poisoning a patient by using arsenic in a dental operation. The patient died of *cancerum oris*. Had arsenic been used as alleged it could have done no harm. Every day this medicine is beneficially used in dentistry, surgery, and medicine, and, properly employed, it is a most useful and harmless remedy. There is more hysterical nonsense written about arsenic than about any other drug, at the present day, in connection with wall-paper, playing-cards, lamp-shades, dentistry, etc. Hebra has given arsenic to patients in Vienna for seven years consecutively without detriment; and Dr. Hunt, of London, gave five hundred gallons of Fowler's solution during ten years in dispensary practice without an accident; and persons in Austria eat arsenic during a long lifetime, in many cases without harm to health. It is less dangerous than alcohol or opium in habitual use. A poison it certainly is in improper doses, but it is by no means so terrible a substance as it is popularly esteemed to be.

In our correspondence columns will be found two communications on the subject of Gratuitous Services to Clergymen, which will repay perusal. We are, upon the whole, quite agreed with what is therein contained, and we trust that no well-regulated doctor will confuse courtesies and charities. The professions of medicine and divinity have such common ends that we think it the most natural of things that the clergy should be put upon the honorary lists of the doctors. If the matter has been abused—and we of course all know it has been abused—the doctors have been quite as much to blame as the clergy in the affair, in the undue anxiety shown to obtain such gratuitous practice. If the custom were abrogated we do not believe it would make any difference worth mentioning in the incomes of the profes-

sion. If there is one poorer class than the doctors it is the clergy, in spite of the occasional show of prosperity exhibited in its ranks. With the mass of them the question of bread and butter is a prominent one.

We wish our only grievance against the clergy was the gratuitous services accorded them. We have a far heavier charge than this to make against them, in that both by precept and example they strive to undermine the authority of medicine. The veriest quacks in all the world are to be found within the ranks of the ministry of the most highly-educated order. There is not a vile nostrum put before the public that does not have its "ecclesiastic preferment." This is the grievance we hold against the members of our sister profession, and which we distinctly charge on them as a class; and we are of the opinion that their action in this matter is as hurtful to the cause of religion as of medicine.

MR. CHRISTOPHER HEATH says, at the beginning of his present work upon Surgical Diagnosis, "The habit of note-taking is one which must be adopted early in life if it is to become easy and serviceable, and the briefest note made at the time of seeing a patient is infinitely more valuable than an elaborate record penned hours or days afterward." We wish that these words of one of the most exact and conscientious teachers of the time could find their way to the understanding of every follower of our art, whether he be young or old—to the one that he might acquire that habit and facility of which Mr. Heath has spoken, and to the other that he might repair in a measure the effects of his neglect. There is no doubt about it that the advance of medicine and surgery has from more than any other cause been checked by imaginative writers; not so much the distinctly dishonest ones, who record events which have not transpired, for these, we believe, are quite few—but those who think they record the truth, but which is faded by time, distorted by prejudice, and colored by theory—they are the ones

to whom medicine and surgery owe most of their inexactitude. The best of all correctives for this is certainly a view of the "brutal truth," which the prompt record would exhibit.

THE HYDROBROMATE OR BROMHYDRATE OF QUINIA.—This substance is a valuable remedy in the neuroses where the combined effect of an antiperiodic and antispasmodic are needed. Such is often the case in neuralgias, epilepsy, cough, skin-diseases, etc. of malarial origin. It is in such cases that the bromhydrate of quinia is indicated. A serious drawback to its employment is its lack of uniformity. This is sadly true of many of the new remedies. Almost any pharmacist will make bromhydrate of quinia, but few of them are competent to do so. Before prescribing this or any modern preparation one should inquire who made it, and should be sure of the maker's skill and integrity. The following formula, which appeared in the *News* some time since, indorsed by the *Zeit. Allg. Oest. Apoth. Ver.* and the *American Journal of Pharmacy*, we are told by one of our best pharmacists, is utterly worthless. We republish it to warn our readers against it:

Quinia Hydrobromate. Quinia sulphate, one hundred grains; potassium bromide, twenty-eight grains. This product is equivalent to one hundred grains of quinia bromide.

The bromhydrate is given in the same doses as the sulphate. It is said to produce no ringing in the ears and no nervousness; but these statements are not entirely correct. It is an expensive preparation, but worthy of trial.

THE SLAUGHTER OF THE INNOCENTS.—Three hundred and forty-one thousand babies have died in England since 1847 from developmental diseases of children, and one hundred and forty-six thousand have died since 1863, and the mortality is upon the increase, says Dr. Routh, in his work upon *Infant-feeding* just published by Wm. Wood

& Co., of New York; and he further states that the population of France is actually on the decrease in consequence of the mortality in infant life.

A DELIGHTFUL WAY OF TAKING A CAPITAL GOOD MEDICINE.—Reed & Carnick's maltine, one tablespoonful; peach brandy, one teaspoonful or more; water, half a glass or more. This makes a jolly tippie, and is exceedingly useful as an appetizer, digestant, and tonic in appropriate cases.

Correspondence.

THE CLERGY AND THE DOCTORS.

The Other Side.

To the Editors of the Louisville Medical News:

You have given lately passages from your exchanges complaining of the ancient courtesy which makes the services of the physician to the clergyman gratuitous. In a purely business point of view there does seem to be a hardship in the case. But there are considerations to be taken into account which may help to explain or excuse the apparent anomaly.

It may seem hard and unjust that a physician of limited income, sometimes of no income, should, by his gratuitous service to the poor, give more to this class than the richest man in the community. It may be said, on purely business principles, that if a man can not pay for medical attendance on himself and family, let him do without it, and linger or die unhelped under the disease which may have invaded the household. There is another alternative more just as well as more humane, that the civil government, as representing the wealth as well as the persons of the whole community, make ready provision for the payment of all these bills. In point of fact, we know that neither of these alternatives has ever been the law of Christian communities, with some small exceptions. The doctor has cheerfully and manfully borne the main burden, under a consciousness that over and above its business character his profession and his art are sacred in their relations to humanity. And yet the faithful and generous discharge of the duties of this high relation is not without its secular reward. The early gratuitous

practice among the poor, like the residence of a graduate in the hospitals, is an almost indispensable part of his education for future usefulness and power. Again, the very poorest are visited and tended by neighbors a little better off and a little higher in the social scale than themselves. These see the skill, and learn to love the tenderness and assiduous care of the physician; and at the next opportunity choose him for their own. And so his circle of patients rises and expands until he is the admired and indispensable adviser of the wealthiest class.

The clergyman also belongs to a sacred profession. In every family the natural instinct of the heart places the doctor and the minister together, as the trusted and beloved, beyond all others, except the nearest blood-relations. As the one is the guardian of the body, so the other is the guardian and guide of the spiritual and moral nature; and so is an indispensable minister to the moral health of each man and of the community. Without this ministration of the clergy, the higher intelligence, the freedom of spirit, the largeness of heart, the integrity and uprightness and purity that constitute a true civilization and tell upon the best secular interests of all classes, would be wanting, would be unattainable.

And yet the clergy, as a body, have ever been but a higher class of the poor. Their vocation, in proportion to the required intelligence and cultivation, is the least financially remunerative of any profession, business, or trade in social life. The nature of their calling and the force of public opinion cut them off from every avenue to competence and wealth except the single one of school-teaching. Even if they happen to have a little ready money, inherited or earned, they dare not supplement their income by lending it at the market price or try to increase it by speculating in stocks or bonds.

Even in the case of the more brilliant prizes in this profession—the charge of wealthy city churches—the salary, fluctuating with the times, hardly ever exceeds the expenditure demanded by the social position which the minister is expected to occupy. Whoever saw the imagined surplus of one of these incomes invested in a house and lot as a future home for the family, presently to be left destitute?

The consideration of these circumstances, and of this relation between them, has immemorably induced physicians, with high refinement and delicacy, to treat the clergy in their practice as they do their brethren

of the medical profession. The courteous rule saves the mortification in single cases of proffered alms given to exceptional poverty, and fosters a generous sympathy between the members of these two hard-working and health-preserving professions.

And yet, as in a case previously mentioned, the doctor is not without a secular reward for the disinterested service rendered to the clergy. Every clergyman occupies a position of influence which makes his selection of his physician a telling fact in the reputation of that physician for skill and capacity, and is of far more substantial value than any bill of charges for services rendered to a single family. *

The New York Medical Record makes these just observations on this subject:

It is true the clergyman is a man of influence in the community, and the young practitioner is generally glad to have it known that he has his confidence. But practice obtained in that way is generally not worth a great deal, especially if the unfortunate practitioner has the representatives of all the denominations of his village on his list. Even then it is quite likely that his distinguished patients may recommend some quack to his parishioners, especially if that individual has made a fortune and is a prominent pewholder in the church. We are sorry to say it, but the medical profession really owe very little to the clergymen. The good influence which might be exerted in behalf of legitimate medicine is thrown into another channel, and charlatanry is indorsed not only in religious papers by widely-circulated certificates of remarkable cures, but even in the pulpit itself. Of course there are notable exceptions to this rule, but we are speaking of clergymen as a class. . . .

We are not talking of poor and really deserving clergymen; but of those who have as large or, as is very often the case, larger incomes than the physician who attends them. In such cases we are constrained to ask where is the return for services rendered? Pecuniarily speaking, does the doctor get an equivalent in the free services of the minister? . . .

"GRATUITOUS TREATMENT OF CLERGY-MEN."

To the Editors of the Louisville Medical News:

In the NEWS of December 6th you give a brief extract from an article by Dr. Wood, in the Philadelphia Medical Times, on the above subject. Looking at it from my point of view, the whole effect of the article is to present the clerical profession in a false and humiliating light. If, as the writer says, it has long been etiquette among physicians to treat ministers without remuneration, it seems a most ungracious thing for him to intimate that they are willing to "accept much and give nothing." No minister asks for gratuitous treatment; and if the doctors decline

to present a bill when it is asked for, it rests with them to say why they decline to make a charge. If they give as a reason that their Hippocratic oath "requires them to listen to the plea of the sick poor," there are few who would not indignantly refuse to be made objects of charity.

The writer argues that "If the physician attends church—which it is hoped he does—he assists in paying his minister's salary. If he marries—and let us again hope he does—he pays his minister a fee which five times exceeds what he would ask for granting the clergyman a similar amount of time. In case of death in his family, he perhaps would hardly feel comfortable unless he sent his minister a fee for his services at the funeral."

Let us hope that a doctor has not the expense of a funeral *very* often in the course of his life. But when those sad occasions occur it would greatly surprise the average Protestant minister to have a fee tendered him for his services at the funeral. It will be news to most of them that such a thing is ever done. As for the wedding-fee, let us hope that the doctor never marries more than once (or at most *twice*) during his whole life. And if on that glad occasion he feels disposed to present a handsome gift to the man who has officially presented him with the most precious of earthly blessings—a good wife—it is a free and voluntary act; no minister asks it. If custom requires it the minister is not responsible for the custom. I speak for myself when I say that I have spent half a day preparing carefully a marriage ceremony for which a fee of five dollars (not an uncommon amount for that service) seemed rather poor pay—if considered a remuneration.

The writer forgets that a minister's time is quite as valuable as a doctor's. He forgets that when a doctor or any member of his family is ill the minister is expected to visit his house often and regularly—every day, perhaps twice a day; and so in all cases of sickness or bereavement in his congregation. While arranging to have the doctor paid for his visits why not make a rule that will work both ways, and let the minister be paid for those visits of his which are purely professional. There is no man who does such an amount of gratuitous work as a minister of the gospel; there are none who, in proportion to the value and arduousness of their labors, receive such inadequate pecuniary compensation. I had supposed that it was in recognition of the purely benevolent nature of their work that physicians gave their serv-

ices freely and cheerfully to clergymen. It seemed a handsome thing, a custom which reflected honor upon the medical profession. Perhaps it was a total misconception on my part. If so I would like to understand the matter. On behalf of my brethren I would ask, how do physicians themselves regard this gratuitous treatment of clergymen? Does this writer represent his profession? Does he indicate the reason which operates with them when he says, "If the minister is poor, his family large, and his salary small, who should be more ready than the large-hearted physician to give of his medical largess?"

There are some of us, humble as we are, who decidedly object to being put on the *pauper* list. We are all very meek, but we regard it as simply an insult to our manhood for any one to say that we "accept much and give nothing."

CLERGY.

IMPORTANT A B C's IN MEDICAL PRACTICE.

To the Editors of the Louisville Medical News:

Nothing is more common in the medical journalistic records of cases and practice than to confine the subject of the article to be laid before the medical mind to some bold achievement of the surgeon's knife or to what might justly be termed the *accidents* of the reporter's medical experience, or some wonderful deformity of nature, or a rare case that is not found in minute portrayal in medical text-books. Then come the noble band of heroes who invent specula or a new twist to a clinical thermometer, or an unpronounceable jumble of Greek and Latin nomenclature for a vaginal exploit. The *little things* of every-day practice—those infinite nothings (apparently) that form the mass of daily experience, but which, lying at the very foundation of both the life and healthfulness of the people whom we physic, but of the success or otherwise of the practitioner.

It is to one of these small, overlooked affairs, occurring daily in every physician's experience, that I propose to call attention.

How often it is that strong and healthful-looking young men ask advice of their physicians for something that he finds hard to explain, but is a source of trouble to him at the "pit of his stomach" or around the umbilicus, or it may be in the right side or between his shoulders, or his heart palpitates or "feels queer," with an infinite variety of other more or less vague symptoms, that from the beginning we settle our minds

more and more as he progresses that he has dyspepsia, and soon we will be able to make a revelation to him in a few words, and cure him with a few doses of bismuth and pepsin. The case is plain. To make the case doubly sure we ask him if he eructates his food? No. If his food lies heavy upon his stomach or sours? No; every thing "agrees" with him; in fact, has a splendid appetite, eats heartily (and turns his head away to blush for the amount he can devour), and works hard at farming or other robust labor. We are a little puzzled; but, after having made our mind up, we take a little salt with his enormous feeding and give our favorite prescription for dyspepsia. In a week he returns. We notice his ruddy complexion and herculean frame, and think, "What a rapid cure! No trouble to read his case, like rabbit-tracks. He has come to settle his little bill." Smilingly he is invited to take a seat, while we at the same time remark playfully, "It did not take many of those little powders to settle matters with you, and now you wish to return the favor by "settling" with your doctor, eh?" What is our surprise and chagrin to see him put on a doleful face and voice, while he declares that "he is no better; in fact the "chts" did him "no good!" The whole story is gone over, with dozens of additional minutiae, as if he had a very stupid way of putting the case, or a very stupid auditor. Now we unharness him (pardon this unclassicism), and pursue a long course of palpation. We thump and punch and explore the site of every organ known or suspected to exist. He is an athlete. His physical development would make a splendid study for a sculptor. To wind up all, nothing is found. *Our* study now begins in earnest. After he is dressed, and is evidently waiting for prescription or advice, it suddenly pops into our head to ask him *if he wears suspenders?* We had not noticed their presence or absence while he was undressing; we had quite another current of thought carry us away from this business. He looks a little confused at the irrelevancy of the interrogation, but answers that he had "never worn a pair since his mother quit making his toilet for him." At once you feel relieved, and say: "My good fellow, you want no physic. Stop this ruinous practice at once. It is the cause of your trouble. Go and get a pair at once, loosen your waistband, and never do so foolish a thing again." The next interview is a happy one for both parties. The young "giant is

loosened from his bands" literally, and a cheerful fee is paid.

No one but a country-doctor has probably much to see of this in the character it is here drawn, but those of us who have a hard-working rural practice find such cases of frequent occurrence, and generally in just such people as I have attempted to show. The farmers' boys and other hard-working folk, who early contract the vulgar habit of leaving off suspenders, and working hard, with sharpened appetites, loading their stomachs, giving no time for digestion after a meal, but with a tight cord around an additional half peck of homely food in a much-abused stomach, expect it to perform its functions thus hampered. They do not know the muscular evolutions it has to perform, and that a large part of the digestive process is by mechanical force. Indeed, as I have said, the doctor pays too little attention to these things, and, as the text has attempted to show, arrived at a diagnosis by accident almost. After the first case, however, he will never be caught again. His idea of indigestion at first was not a bad one; but instead of trying to supply chemical helps, he had only to cut the cords that bound the willing and capable organ, and the work is done. I have not intended to be understood as saying that continued ill dressing would not ultimately produce a ruined digestion, but at the time we take up the case the cause is entirely mechanical and the relief instantaneous and perfect.

PARVUM.

MIDWAY, KY., December, 1879.

Reviews.

Hydropathy; or, The Practical Use of Cold Water. By E. MARLETT BODDY, F. R. C. S., F. S. S., Licentiate of the Royal College of Physicians, Licentiate in Midwifery, etc. London: Baillière, Tindell & Cox, King William Street, Strand. Paris and Madrid. 1879.

The author of this essay, to whom we are indebted for our copy, is as enthusiastic about this useful fluid as Colonel Sellers was about his eye-water, which he recommended to be used "externally, internally, and eternally." Barring sudden death, which, although not, strictly speaking, a disease is a dreadful and fatal thing, Mr. E. Marlett Boddy seems to regard cold water as a universal remedy. In his opinion it is like the housewife's salve—"healin', soothin', cleansin', and drawin'." We would not suggest that Mr. Boddy has

water on the brain, for that would be too harsh a joke to get off at the expense of so honest an enthusiast as the author evidently is; but we do think that he has allowed water to run away with his judgment. The "delirium of operators" has its counterpart in the monomania of specialists. How often, for instance, do we find the oculist blind to sources or treatment of disease outside his pet organ, the aurist deaf to suggestions as to the possible non-local origin or cure of ear-troubles, as we have in the present case a hydropath raving about water! Water is not only no catholicon, but often does harm. Some one has said, to raise children, "wash them, iron them, and air them;" but many children are washed to death. Dry-skinned children should be washed little and greased often. Water-dressings to abrasions, wounds, ulcers, and skin-eruptions are, as a rule, far worse than no dressing. It is an irritant to the sound skin when constantly applied for some time, and to denuded surfaces it is irritant in most instances. As a diuretic too much can scarcely be said of water; as a laxative it often acts delightfully; as an antipyretic it is unequaled in power and safety; as a cure for neuroses, its applicability is widespread and its efficacy is beyond cavil; but as to its bearing a relation to the body equivalent to that which religion is believed to bear to the soul—that is going a little too far.

Mr. Boddy's brochure should be widely read in Europe, where a prejudice against the internal use of water in health and in disease is general; but in this country, where we drink water habitually, even in our whisky, his recommendations are less needed.

Infant-Feeding and its Influence on Life; or, The Causes and Prevention of Infant Mortality. By C. H. F. ROUTH, M. D., M. R. C. P. L., Fellow of University College, London; of the Medical, Medico-Chirurgical, and Obstetrical Societies; Corresponding Member of the Royal Academy of Madrid and Pesth, and the Gynecological Society of Boston; Senior Physician to Samaritan Hospital for Women and Children; etc. Third edition. New York: Wm. Wood & Co. 1879.

We heartily commend this most valuable work to our readers. Every physician should read it, and every mother in the land should study it. This is one of the series of Wood's Library of Standard Medical Authors. It is gotten up in an unpretentious but substantial form, and its inexpensiveness places it within the reach of all.

A Ministry of Health, and Other Addresses.

By BENJAMIN WARD RICHARDSON, M.D., F.R.S., M.A., LL.D., F.S.A., Fellow of the Royal College of Physicians and Honorary Physician to the Royal Literary Fund. New York: D. Appleton & Co. 1879.

This attractive volume is composed of a series of addresses on subjects relating to human health. It is written in the distinguished savant's peculiarly agreeable and instructive style, and can not fail of an immense sale in this great reading country of ours. To the library of the hygienist it will prove a valuable addition, and the cultivated of all avocations will read it with pleasure.

Its contents are: A Ministry of Health; William Harvey; A Homily Clerico-Medical; Learning and Health; Vitality, Individual and National; The World of Physic; Burial, Embalming, and Cremation; Registration of Disease; Ether-drinking and Extra-alcoholic Intoxication.

Transactions of the Twenty-ninth Anniversary Meeting of the Illinois State Medical Society. Held at Lincoln, May 20 and 21, 1879. Chicago: C. H. Blakely & Co., printers.

This volume of Transactions would do credit to any medical association in any country. The reports are scholarly and practical, and the publisher has done his part of the work in a manner worthy of the great Lake City.

Books and Pamphlets.

A CONTRIBUTION TO THE STUDY OF THE BULLOUS ERUPTION INDUCED BY THE INGESTION OF THE IODIDE OF POTASSIUM. By James N. Hyde, A. M., M. D., Professor of Dermatology and Venereal Diseases, Rush Medical College, Chicago. Read at the Third Annual Meeting of the American Dermatological Association, New York, August 26, 1879. Reprint from Archives of Dermatology, October, 1879.

Commenting upon this subject Dr. Hyde says:

Dr. Fox is of opinion that the eruption is one which originates in the sebaceous glands, and that the contents of the bullæ are altered secretions of the sebaceous glands. Investigation, chemical and microscopical, will of course be necessary to set at rest the problem which he thus presents; but the clinical reasons for dissenting from his opinion seem to me to be worthy of consideration. If the sebaceous glands were the seat of the disease it would be reasonable to look for its most abundant development in those localities where we are accustomed to find the sites of election of such other sebaceous gland-disorders as

milium, comedo, seborrhea, acne, etc. These sites of election, it need not be said, are the face, the scalp, the back of the neck, the back of the trunk, and the genital region. But it has been pointed out above that the pemphigoid rash under discussion, though occurring most often upon the head, has never been reported upon the scalp, and that the region of next preference is the upper extremity, especially over the wrists and forearms, localities which, as Bumstead shows, are exposed to the air, and which, it need not be said, are not regions where we are accustomed to find the sebaceous gland-disorders mentioned above. I desire also to call special attention to the fact that both by Dr. Duhring and myself the lesions were observed upon the palms of the hands, where Biesiadecki and others have never been able to demonstrate the presence of either sebaceous glands or lanugo follicles.

Two other clinical considerations should be here mentioned: one is the chronicity which usually characterizes sebaceous gland-disorders—such as acne, comedo, etc.—as opposed to the circumstance that the bullæ produced by the iodide of potassium have been seen within five hours after the administration of the drug; the other is the recorded occurrence of blood-contents in the lesions. The transformation of the secretion of a sebaceous gland into a thin odorless or offensively-smelling sero-pus can not be viewed as beyond the possibility of occurrence; but a sanguineous seborrhea could be regarded only as the symptom of a formidable constitutional dyscrasia. These and possibly other considerations which might be suggested lead me to the conclusion that for the present at least we are not justified in accepting without reserve the statements relative to the sebaceous origin of the rash which we have been studying.

The most valuable of the practical conclusions to which such a study leads would seem to be (*a*) that in eczema, where a distinctively vesicular or bullous eruption becomes suddenly apparent, the lesions intermingled with those characteristic of the disorder named, in the person of patients who have been under the charge of inexperienced practitioners, the possibility that the iodide of potassium has been previously administered should be carefully estimated; (*b*) that it is not only possible but quite probable that the rare vesicular and bullous lesions recorded as occurring in acquired syphilis may be rashes induced by the administration of the iodide of potassium for the relief of the disease.

WALSH'S PHYSICIAN'S COMBINED CALL-BOOK AND TABLET. Published by Ralph Walsh, M. D., 320 C Street, Washington, D. C. Mailed prepaid on receipt of \$1.50.

This book is of an inconvenient size; otherwise it is unobjectionable and is well worth its price.

A CLINICAL LECTURE ON TUBERCULAR LEPROSY. Delivered at the Dermatological and Venereal Clinic, Rush Medical College, September 28, 1879. By Jas. Nevins Hyde, M. D., Professor of Skin and Venereal Diseases, Rush Medical College. Reprint from the Chicago Medical Journal and Examiner, December, 1879.

Concerning etiology and contagion Dr. Hyde says: "The etiology of leprosy is absolutely unknown, and the differences between scientific observers as to contagion are

still unreconciled. My belief is that the disease is not contagious." And he scouts the idea that it has any natural connection with syphilis or scrofula. As to heredity he remarks that no leprous children are known to have been born to leprous parents on American soil, and that careful inquiries upon this point among the Scandinavian physicians, whom he knows as having experience of leprosy in the Northwest, confirm this statement; but he has known of several cases in which leprous American parents have had children who never presented traces of the parental disorders, and it seems to him the wisest course to pursue with regard to the question of heredity is that described by military men as an "armed neutrality."

That this disease, like syphilis and scrofula, is both hereditary and acquired we think there can be no doubt. That it is not transmitted by heredity in America is extremely interesting. The cause of this immunity is the superior character and quantity of food obtained in this bountiful country. In a late conversation with Mr. Jonathan Hutchinson in London he told us of a case of leprosy that has gotten well under his observation in that city. The lady had acquired it in India, and after many years it had left her, as the result, Mr. Hutchinson believes, of English air and food, medicine being in no way instrumental in its cure.

Chaulmoogra oil, the new leprosy remedy, Dr. Hyde is inclined to believe, may be a useful medicine in leprosy. We should have far more faith in maltine and malt and the other constructives than in any specific drug. In truth Dr. Hyde's observations and Mr. Hutchinson's case, we think, strongly point to this class of remedies in connection with proper food and air as the means of relief to be relied on.

THE PHYSICIAN'S DAILY POCKET-RECORD; comprising a Visiting-list, many useful Memoranda, Tables, etc. By S. W. Butler, M.D. Edited by D. Y. Brinton, M.D., Philadelphia. Published at the office of the Medical and Surgical Reporter, 115 South Seventh Street. 1880.

Except the awkward and cumbrous cover, this pocket-record is a very nice one.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

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gether, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

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Miscellany.

THE THERAPEUTICS OF SWEARING.—A writer in the Journal of Medical Science, April, 1878, says: "The value of swearing as a safety-valve to the feelings and substitute for aggressive muscular action, in accordance with the well-known law of the transmutation of forces, is not sufficiently dwelt upon. Thus the reflex effect of treading on a man's corn may either be an oath or a blow, seldom both together. The Scotch minister's man had mastered this little bit of brain-physiology when he whispered to his master, who was in great distress at things going wrong, "Wad na an aith relieve ye?" It is said that he who was the first to abuse his fellow-man, instead of knocking out his brains without a word, laid thereby the basis of civilization."—*Toledo Med. Jour.*

THE REVACCINATION OF SCHOOLBOYS.—We know so much of the prevalent carelessness of the public with regard to revaccination, and of the perfunctory and sham revaccinations that are performed by wholesale under the panic of smallpox, that we can not but entirely applaud a circular letter which has been issued by the principal of Ampleforth College, York, to the parents of his pupils. In this letter the principal, the Very Rev. T. S. Kearney, draws attention to the fact that to give perfect security against smallpox vaccination must be repeated at about the fourteenth year, at which age, of course, the majority of boys are at school or college.—*British Medical Journal.*

THE INSENSIBILITY OF THE HEART.—Dr. Da Costa mentions, in his "Harvey and His Discovery," the case of a young nobleman whose heart was exposed by a wound, so that Harvey and the king, who was a bit of a physiologist, were enabled to touch the ventricles without pain or injury to the patient.

DELICATE taste depends solely on physical construction; and a man who has it not in cookery must want it in literature.—*Bulwer.*

FLOATING KIDNEYS UNDER VOLUNTARY CONTROL.—Drs. Seguin and Mundé, of New York, report, in a late number of Archives of Medicine, the case of a woman who had two floating kidneys, movable at will. They exerted no influence on her health. They are attributed by the learned gentlemen to strong muscular contractions in hepatic colic, to which the patient was formerly subject. The case is extraordinary, but the well-known skill and worth of Drs. Seguin and Mundé place the diagnosis beyond cavil.

THE history of venereal diseases embraces four periods: The first period extends from the year 2600 B. C. to 900 A. D. The second period begins at 900 A. D. and terminates at 1400 A. D. The third period comprises the time between 1400 and 1700 A. D. The fourth period extends from 1700 A. D. till the present time.—*Ohio Med. Record.*

LONGEVITY.—An interesting publication upon human longevity, by the Austrian Director of Administrative Statistics, has lately appeared in Vienna, from which it appears that of 102,831 persons in the larger states who had passed ninety years of age, there were 60,303 women and 42,528 men. The greater longevity of the feminine sex appears still more distinctly in the proportions of centenarians. In Italy, for instance, there are 241 centenarian females to 141 males; in Austria, 229 females to 183 males; in Hungary, 526 females to 524 males, etc.—*Med. Press and Circular.*

"EVOLUTION."—Herbert Spencer made the following definition of evolution: "Evolution is a change from an indefinite, incoherent homogeneity to a definite, coherent heterogeneity, through continuous differentiations and integrations." The mathematician Kirkman translated the definition thus: "Evolution is a change from a no-howish, untalkaboutable, all-alikeness, to a somehowish, and in-general-talkaboutable not-at-all-alikeness, by continuous something elseifications and sticktogetherations."—*Boston Journal of Chemistry.*

A PUBLIC *concourse* for the position of Lecturer on Gynecology in Rush College, Chicago, is to be held on the evening of January 6, 1880. Candidates will lecture before the faculty and class on subjects previously assigned them. Applications will be received by the secretary from any part of the county.—*Medical Record*

PROF. BALL'S CLINIQUE.—We are glad to find that Dr. Ball, who was chosen Professor of Mental Diseases in the Paris Medical Faculty some two years since, but who has never been able to deliver a lecture in consequence of no service having been assigned him at any of the hospitals, is now advertised to commence his course at the Sainte Anne Asylum on the 16th inst.—*Med. Times and Gazette.*

[We congratulate both Prof. Ball and the Paris Medical Faculty. Dr. Ball is of English parents; was born in Italy and educated in England. He is a charming man, of superior mind, great culture, and of the highest professional attainments.]

ANIMAL VACCINATION.—Mr. Ernest Hart, editor of the British Medical Journal, who advocates this method, says: "The credit of introducing animal vaccination into America belongs to Dr. Henry A. Martin, of Boston, in 1870, who sent specially to Paris for lymph from Prof. Depaul, and who was supplied with autograph directions from that distinguished savant."

Selections.

Difficult Labor from Distention of the Fetal Bladder.—Prof. Comelli, in the *Wiener Med. Woch.*, relates the following case: A woman was admitted January 23d, suffering somewhat from dyspnea, in consequence of the enormous size which the abdomen had attained. A superficial examination showed that this arose from the great quantity of the amniotic fluid. The labor came on January 24th. The first pains lasted sixteen hours before the child's head had entered the pelvis in the second position, and on examination the uterus was found enormously distended. On the membranes being artificially ruptured about four liters of the liquor amnii were discharged, and the head passed down in the normal manner, followed by the shoulders to the outlet of the pelvis; but here neither strong pains nor the woman's efforts sufficed for the expulsion of the child. On examination it was found that the delay arose from the vagina being entirely occupied and enormously distended by the abdomen of the child. After repeated and violent traction the living child was at last extracted, a partial rupture of the perineum taking place during the procedure. The abdomen of the child was of an extraordinary size, and measured forty-eight centimeters in circumference, being about fourteen centimeters more than usual. The child was premature, but well developed, the immense distention of the abdomen being the only remarkable feature. At the umbilicus was an aperture three centimeters in diameter, through which two portions of intestine issued from the abdomen. The umbilical vein separated from the arteries, and the peristaltic contractions of the intestine were plainly visible. A few minutes after its birth

the child commenced passing water from an opening beneath the urethra. The urine was not discharged in a full stream, but continued to trickle away during six hours, the distention of the abdomen diminishing at the same time, so that seven hours after delivery the bladder was completely empty and the walls of the abdomen were relaxed and wrinkled. The child, although premature, seemed viable, and ten hours after its birth took the breast. It refused it on the second day, and died after forty-six hours' life. At the autopsy great hypertrophy of the bladder with dilatation of the ureters was found. The urethra was so narrow that it could be laid open only with the smallest scissors, the canal terminating in the aperture beneath the glans penis.—*Med. Times and Gaz.*

Pilocarpine in Intermittent Fever.—Dr. Gaspard Griswold, in the *Medical Record*, says: 1. That the muriate of pilocarpine administered hypodermically will promptly cut short the chill of malarial intermittent fever; 2. That in a large proportion of cases so treated the paroxysm aborts, terminating in the sweat caused by the pilocarpine, there being no hot stage; 3. That such abortion of a paroxysm is in itself sufficient to effect a cure in many cases; 4. That such abortion of a paroxysm is a valuable adjuvant to treatment with quinine during the intervals; 5. That a dose of pilocarpine sufficient to produce this effect acts gently without causing exhausting diaphoresis or unpleasant pyalism. The promptness with which an adequate dose of pilocarpine interrupts a chill is suggestive of its possible efficacy in cases of pernicious intermittent fever, where prevention of the full development of a paroxysm is often of the first importance.—*Medical News and Library.*

A Case of Carcinomatous Disease of the Rectum Treated by Excision.—William Cousins, aged fifty-four, was admitted into the Hull General Infirmary on December 21, 1878, on account of the following symptoms: He had constant calls to evacuate the bowel, with much straining and bloody discharge, getting quit occasionally of small, hard, round feces, which he compared to nuts. He had no real relief except in consequence of purgative medicines, which caused him great pain. He had of late had much pain in sitting and even in walking. His symptoms had been much increased in severity during the last six months, though they had existed more or less for a long period. Upon passing the finger into the bowel three hard tumors were felt occupying the whole circumference, about the size of small walnuts. They were quite within the anus, but the finger could be passed beyond them, and the surface of the rectum could be felt healthy above them. They were sensitive to the touch, and of preternatural hardness. Until the last six months the man had enjoyed very good health, attributing any ailment he had to slight attacks of piles. He had recently fallen off in health and strength, owing to the constant state of pain and straining of the bowel.

On January 11, 1879, I made an incision from the anus in the middle line straight backward toward the coccyx. This gave me ample room to pull down the growths and the adjacent mucous membrane. Grasping them in my left hand, I carefully removed them with the right, cutting away the whole circumference of the bowel from the depth of between an inch and a half and two inches. Three or four vessels required to be ligatured. The wound at first presented a rather formidable appearance, but no bad

symptom of any kind took place. The temperature never rose above 100°, and that only happened for two or three nights. He had immediate relief from all his sufferings, and left the infirmary on April 14, 1879, apparently perfectly cured, and with complete command of the sphincter muscle.—*Kelburne King, F.R.C.S., in British Med. Jour.*

Canadian Butter.—In a paper submitted to the Western Dairymen's Association at Ingersoll, Prof. Bell recommended Canadian farmers to turn their attention to the production of butter. He said he was "confident that an immense increase in the quantity of butter could be produced of a good uniform quality, and at such a price as would drive out from the English market the horrible 'oleo-margarine,' which is now consumed, in the belief that it is genuine butter, by large numbers of the poorer classes in England."—*Med. Times and Gaz.*

The Cold-water Pillow.—William Woodward, M. D., writes, in the *British Medical Journal*: "In several cases lately I have had recourse to the use of a cold-water pillow, with very marked benefit, where headache, heat of head, and similar symptoms have prevailed. Any one who has experienced the vain attempt to find any permanent cool place in a feather pillow when desired will at once appreciate the above expedient, which, however, may not occur to every one at the required time."

Corneal Transplantation.—Elsewhere we publish a short account of a case of corneal transplantation by Dr. Wolfe, of Glasgow. The subject is one of extreme interest and of much practical difficulty as well as of importance. This, we believe, is only the second successful case on record. At all events, the possibility of making such an operation a success constitutes a distinct and important advance in practical ophthalmic surgery.—*Med. Times and Gazette.*

Cancer of the Rectum.—Mr. John Gay showed at the Royal Medical and Chirurgical Society a specimen of cancer of the rectum taken from the patient whose case he had described at the last meeting of the previous session of the society. The woman recovered from the operation—in which a complete ring of the rectum was removed—so far that the bowel performed its functions normally; but she had since died of a return of the disease, which extended to the uterus. He did not recommend that such an operation as he had performed should be undertaken unless under very urgent circumstances; but the case showed how tolerant the system was of injury to the rectum.—*British Medical Journal.*

Polygonum Punctatum.—I wish to call the attention of physicians to the every-where-present *P. punctatum* (smart-weed). Its merits as a therapeutic agent are not, I think, appreciated in a manner any thing like adequate to its deservings. As an antiseptic in cholera infantum and all bowel disorders common to children, I think it indispensable.—*S. L. Babbitt, M. D., in Ohio Medical Recorder.*

Dr. Sinclair Coghill, in *British Medical Journal*, relates his experience with nitrite of amyl in chloral poisoning. He obtained immediate and satisfactory antidotal effects, and attributes the death of his patient to want of accessory stimulation per anum.—*Chicago Med. Gazette.*

Pruritus Ani.—In reply to the query of M. D., in the British Medical Journal, the following answers were received:

M. D. Cantab.: 1. Ablution with tepid water to be substituted for the use of paper after defecation; 2. A suppository of a quarter to half a grain of extract of belladonna to be used every night; 3. The bowels to be regulated with a mild laxative, such as the acid tartrate of potash, with confection of senna; 4. A mixture containing small doses of quinine with arsenic two or three times a day.

Mr. W. Prowse has found two remedies of the greatest use in the immediate relief and ultimate cure of this affection of the skin. The glycerinum acidi carbolic (P. B.) should be carefully applied at bedtime every night; and an ointment made of one dram of calomel, half dram of camphor, and six and a half drams of vaseline every morning. Stimulants and tobacco-smoke are contra-indicated.

A Member says the best local application is a mixture of one dram carbolic acid in one or one and a half ounces olive oil, applied with the finger at bedtime, being careful to have the rectum empty, the laden condition of which seems to aggravate the annoyance. In pruritus pudendi, nitrate of silver (five grains to the ounce of distilled water) is a specific, applied with a sponge instead of giving way to rubbing, which only increases the local misery. The lithic-acid diathesis seems to be the cause in both cases, and attention should be directed by alkalies, etc. to correct this.

Mr. P. Miall strongly recommends the glycerine of tannic acid or the lotion made by precipitating compound tincture of benzoin with its bulk of water. But the best application is strong mercurial ointment applied somewhat sparingly at bedtime. One application is enough, for a time at least. In some cases he has found the following answer better: \mathcal{R} Unguenti hydrargyri fortioris, \mathfrak{z} j; chloroform, \mathfrak{z} j; adipis benzoati, \mathfrak{z} ij; acidi carbolic, gr. xv. This must be used every night, and causes a burning said to be rather pleasant. Oleate of mercury (twenty per cent) may be used instead of blue ointment. For constitutional treatment, he advises hot-air baths, mineral acids after meals, abstinence from pastry, sweets, and other unwholesome diet.

Dr. Oliver suggests the following lotion: Scheele's hydrocyanic acid, \mathfrak{m} xxx; solution of morphia, \mathfrak{z} j; best birdseye tobacco, \mathfrak{z} j; water to half a pint. "To be used night and morning, or when necessary."

Blood as a Stimulant and Food.—Dr. M. Czartoryski, in the Michigan Medical News, says: "I would call the attention to a most valuable therapeutic article in all cases where progressive consumption of bodily tissue, anemia, and nervous prostration are prominent symptoms. This is the fresh blood of healthy chickens or other poultry, drawn from the wound direct and well-mixed with warm wine or milk punch, or with warm lemonade, milk, or coffee, and flavored to taste, and taken immediately by patient before it becomes coagulated. It acts with the most surprising promptitude, relieving symptoms of extreme prostration; for instance, in cases of extreme floodings when the patient is completely exhausted and hope abandoned, I have seen it quickly restore warmth and circulation, and at the same time allay nervous and gastric irritation. The patient in this condition generally, about eight to twenty minutes after taking the dose, falls into a sound, healthy sleep. On awaking the dose is repeated,

taking the blood of one to three healthy chickens in the twenty-four hours, always in warm drinks, until the patient is restored to health. It acts better and more promptly than the transfusion of blood from vein to vein. Any one may satisfy himself of its prompt effect if tired and worn out by fatigue. Within three minutes after taking a dose a pleasant warmth and pleasurable sensation is felt, extending from the stomach over to the solar plexus, gradually pervading the whole system to end of the toes and to tips of fingers; at the same time the pulse quickens and bodily and mental fatigue disappear. The blood of poultry is in every respect preferable to that of cattle, sheep, etc., as it is much richer in red corpuscles and phosphates; and is more easily obtained, and the certainty of its coming from a healthy bird is greater; besides the patient avoids seeing the disgusting and terrible sights so often seen in slaughter-houses, or smelling their offensive odor, or running the dangers consequent to the killing of large, maddened, and frightened animals—sights, smells, and dangers that many patients would rather die than encounter." Dr. M. Czartoryski credits Avicenna with having urged and used this practice.

Treatment of Nevus with Sodium Ethylate.

Dr. B. W. Richardson treated, in 1870, a small nevus upon the neck of a child two years old with sodium ethylate. This was cured by six applications of the fluid. Another, as large as a half dollar and quite prominent, was treated in the same manner. The applications gave very little pain. The nevus soon turned dark. In three days a firm, hard incrustation had formed, and a few days later this was dry enough to be lifted off. Sodium ethylate was again applied as at first, and so on till the nevus was removed and a natural surface left. The case is reported in the Lancet.

Stains or marks of any kind made with nitrate-of-silver solution or bath solution may be promptly removed from clothing by simply wetting the stain or mark with a solution of bichromate of mercury. The chemical result is the change of the black-looking nitrate of silver into chromate of silver, which is invisible on the cloth.—*Med. Press and Circular.*

The Intricacies of Bright's Disease.—Virchow says: "What is generally designated as Bright's disease is in fact to be reduced to three essentially different changes: 1. Changes of the vessels, the amyloid degeneration; 2. Interstitial proliferation; 3. Changes in the epithelium, parenchymatous form." And he adds, "These three forms *can scarcely be distinctly separated, but are generally found to combine in the same case.*" Bamberger says when he intended to institute comparative investigations between healthy and diseased kidneys it took him weeks and even months before he met with a *healthy kidney*.

To Disinfect Urinals, etc.—Sprinkle in a mixture of manganate of soda and sulphate of magnesia. With water, these salts produce permanganate of soda, which decomposes when in contact with the impurities of the urinal, yielding nascent oxygen (ozone), which is a most powerful deodorizer and disinfectant—*Ohio Med. Record.*

Chloral Poisoning.—The Lancet mentions a case where two hundred and forty grains of chloral were swallowed in one dose, without fatal result.

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

MEDICAL HONORS IN ENGLAND.—At the dinner given in London, November 26th, by members of the British Medical Association, to Surgeon-major Reynolds, whose heroic conduct in Zululand has gained for him the gold medal of the Association, the chairman of the dinner, Dr. Alfred Carpenter, in giving the first toast, "The Queen," said of her: "The source of all dignity and honor in the empire, the upholder of all that is good and honorable, virtuous and brave; the sympathizer with suffering, sorrow, and misfortune wherever it may be, and as such the friend of the medical profession. Her Majesty, if she were not a constitutional sovereign, would, we may feel assured, shower down upon the profession those honors to which many eminent members of it are entitled."

These are strange-sounding words to American ears. That the queen is good and virtuous and wise, and that in all the offices of private and public life she is a noble example worthy of the world's imitation, is acknowledged wherever her name is known; but to say that she is "the source of all dignity and honor in the empire" is quite too far for a great man of science, such as Dr. Carpenter is, to go in loyal adulation in this enlightened nineteenth century. It is nearly equal to Harvey's dedication of his great book to King Charles, more than two hundred years ago, in which he says: "As the heart of animals is the foundation of their life, the sovereign of every thing within them, the sun of their microcosm, that upon which all growth depends, from

which all power proceeds; the King in like manner is the foundation of his kingdom, the sun of the world around him, the heart of his republic, the fountain from whence all power, all grace doth flow."

Whether Her Majesty would "shower down upon the profession those honors to which many eminent members of it are entitled" if she were not "a constitutional sovereign—that is to say, that these eminent men would get what justly belongs to them if there were no obstacle in the queen's way thereto—our British brothers know best. Certain it is, however, the medical profession of the "mother country" is not honored adequately by the powers that be. They make lords and the like of their preachers and lawyers, but only knight and baronet, the lowest hereditary titles, are the bones thrown to the doctors; and these bones are not thrown about in any great numbers either.

LIGHT HUES FOR WINTER-DRESSES.—Recently we extracted from the *Lancet* a compliment to the polar bear (or to mother Nature) for wearing a white coat, because white substances do not part with their heat so readily as dark; but another writer in that journal now declares it established that colors have no influence on the radiating power, and says: "With regard to polar bears, it would be hard to determine whether the animals are disciples of the exploded theory or not, but it is easy to conceive a reason for their color very different from that alleged in the article. A 'grizzly' upon the snow and a polar bear on dark soil would be such conspicuous objects that the prey which fall into their jaws would be moles indeed."

Original.

MEDICAL BRIEFS.

BY BENJAMIN J. BALDWIN, M. D.

I trust that the following rambling notes, taken, at the Bellevue and Charity Hospitals, from the lectures and clinics of some of the most eminent teachers of our country, may in some way prove interesting to those of your readers who have not time to peruse the learned disquisitions of ambitious writers, contributors who too often encroach on the space of journals to the sacrifice of the interest and patience of the "busy practitioner."

MORPHIA IN UREMIA.

Much has been written and said, both in praise and condemnation, of the use of morphia in acute uremia; and as a great many decry its use simply because it is antagonistic to traditionary practice, I think it is but justice to the author that we first hear his evidence and then weigh its value.

Of this method Prof. Loomis stands an eminent defender, and those who have listened to his lectures or read his book must have been somewhat impressed with the plausibility of his views. Prof. L. reasons as follows: The skin in patients with acute uremia loses its excretory action—and diaphoresis, if induced, is not eliminative—nor do the bowels respond readily to purgatives. Then, if the system is overwhelmed by this uremic poison and all the avenues of elimination closed, the question is, how can you counteract the influence of this poison and open again the channels of elimination? To diminish reflex sensibility and subdue spasmodic muscular paroxysms must be speedily accomplished; for either, if continued, will terminate life. Chloroform heretofore has been almost a sole remedy; but Prof. L. believes that, so far from being beneficial, it even prejudices the chances of ultimate recovery by the changes its inhalation produces in the blood, which changes hasten rather than retard the development of the uremic toxemia. It also seems to him to be more difficult to establish diaphoresis and diuresis in patients to whom chloroform had been given. Chloroform only controls muscular spasm temporarily, and does not exercise any neutralizing effect on the poison.

Dr. Loomis says that in morphia he has an agent that not only controls muscular spasm, but reopens the avenues of elimina-

tion, either by counteracting the effects of the uremic poison on the nerve-centers, and thus facilitate the action of diaphoretics and diuretics, or itself act as an eliminator. He uses it in cases where the premonitory symptoms are most severe, as well as during the convulsions. The rules relating to its administration are altogether governed by the convulsions. Sufficient quantities should be given to control spasm. Neither the condition of the pupil nor the number of respirations afford reliable guides. Thus, he believes, morphia administered hypodermically becomes a powerful eliminator, in which belief Dr. Loomis is sustained by weighty corroboration based upon reliable clinical data.

CLINICAL ACTION OF DRUGS.

Opium and Belladonna.—Many physicians administer these two drugs in combination, not knowing why, but simply for the reason that they are recommended. On the other hand, you frequently hear doctors of good repute condemning the association, superficially reasoning that because one produces contraction and the other dilatation of the pupil, *ergo* they counteract each other and are inefficient when given together. According to Bartholow, undoubtedly an antagonism exists as respects a part of the action of these agents, but it does not embrace the entire range of influence on the body, and the balance of action produces results which neither is capable of alone. Atropia produces delirium; morphia produces stupor. The reciprocal influence exerted upon each other establishes a kind of physiological equilibrium which modifies to a great extent the evil effects of both. Thus morphia corrects the hallucinations and delirium produced by atropia; atropia increases the pain-relieving power of morphia. The after-headache, nausea, sickness, and depression caused by morphia is prevented by its combination with atropia. Morphia is a depressant sedative; atropia is a stimulant. Renal action is lessened by morphia, and increased by atropia. Whenever morphia is used to relieve non-inflammatory pain, or relax spasm, atropia should be combined. In all the neuralgias, in convulsions, in insomnia, in shock, in neurotic affections of the abdominal viscera, the combination of opium and belladonna gives the most gratifying results.

Iodide of Potash and Salicylic Acid.—The efficiency of iodide of potash is greatly enhanced by combining with it salicylic acid. Five grains of the acid added to fifteen of the potash equals thirty of potash alone.

NERVE ASSOCIATION.

The vascular nerves of the skin arise from the same center as the vascular nerves of the viscera beneath. Hence applications to the skin affect the underlying organs. Thus do we derive benefit from the application of poultices, blisters, cups, etc. Poultices are useful on account of the moist heat they contain, which is a powerful sedative. Cups also are sedative; both valuable principally in the acute stages of inflammation. Blisters are serviceable only in the subacute or chronic stages or in retarded resolution, and should never be applied in acute stages, because their excessive irritation and stimulation paralyzes the vasomotor nerves, which results in an increased flow of blood to the parts. The circulation of those parts of the body cut in pairs, as pelvis and feet, is controlled by nerves which arise from a common center, and in this way we are enabled to check hemorrhage in pelvic operations by simply placing the feet in cold water. So do we relieve spasmodic and tightly-contracted strictures by bathing the feet in warm water. There is also an association between the feet and fauces, shown by the fact that cold feet often produce sore throat. The popular remedy of applying cold to the neck for epistaxis, though often laughed at by physicians, is undoubtedly efficacious, because the nerve-centers which control the circulation of the head are situated at the nape of the neck.

LOUISVILLE.

THE AUDIPHONE AND DENTAPHONE.

BY W. CHEATHAM, M. D.

Of late the question has been frequently asked me as to which is the best audiphone, the one made in Cincinnati or the one made in Chicago. I have invested in both, and after experimenting had but little trouble in coming to the conclusion that the Chicago instrument is the best by far. The Cincinnati audiphone answers nearly the same purpose as the ear-trumpet. Conversation can only be heard when the speaker's mouth is quite close to the instrument—a great disadvantage. The Chicago audiphone can be used at the opera or church or in general conversation with perfect comfort and success. I think the form (fan-shape) is quite an item, as it is easily carried and can be used without exciting comment. The position of holding a fan in the mouth is quite a natural one.

The principle of the working of the audiphone is very simple. The instrument only does good in cases of deafness the result of external and middle-ear diseases. Where the nerve is involved it is useless. The instrument is held between the teeth. The sound striking it causes certain vibrations, which are carried through the bones to the nerve of hearing. In case of the patient having artificial teeth, the conducting power is of course interfered with very much.

Patients before investing in an audiphone should make certain tests, unless they have an instrument at hand to try. If on placing the handle of a tuning-fork (which has been caused to vibrate by striking it on the knee) on the teeth, the ringing is heard distinctly, or with increased intensity; or if a watch held firmly between the teeth is heard to tick well, it is pretty certain that an audiphone will be of some service to them. Patients in whom there is any prospect of improvement of hearing from treatment should not use such an instrument except on special occasions.

Why the Chicago audiphone is better than the Cincinnati dentaphone I can better illustrate by cases.

Mrs. P., who is unable to hear only when the voice is considerably elevated and the mouth put close to the ear, purchased a Chicago audiphone. The result was surprising. She can hear common conversation at some distance with it. I sent her my dentaphone to try. Result: can not distinguish a word spoken even when the mouth of the speaker is put close to the instrument.

Others I have tried with like result. Another objection to the Cincinnati dentaphone is the tension it is necessary to put the string to. It is tiresome to both hand and teeth. Having both instruments, I will willingly test any one who might wish to purchase if they will call at my office. My audiphone cost \$10.50; dentaphone, \$8.50.

LOUISVILLE.

LAW IN ENGLAND.—The duration of trials at law in the present day is beginning to occupy the attention of thinking men, and to this exceptional state of things the frequency of appeal from previous decisions must also be added. It would clearly be in the worst possible taste to insinuate that our judges are not competent to undertake the duties allotted to them, yet day by day verdicts are sought to be set aside on account of misdirection and wrong ruling.—*Medical Times and Gazette*.

Formulary.

SOLUTION OF SALICYLIC ACID.

The rather sparing solubility of salicylic acid is a considerable impediment to the employment of this agent, the use of which is so rapidly extending in so many directions. Many formulæ have been proposed for promoting its solubility, and from them we select the following:

- ℞ Phosphate of sodium or ammonium.. 2 or 3 parts;
Water 50 parts;
Salicylic acid..... 1 part.
- ℞ Glycerine ℥ xij;
Borax ℥ ij;
Salicylic acid ℥ j.
- ℞ Spirits of niter..... ℥ iv;
Syrup of tolu..... ℥ j;
Salicylic acid..... gr. v.
- ℞ Sulphite of sodium..... 2 parts;
Water 50 parts;
Salicylic acid..... 1 part.
- ℞ Alcohol ℥ iv;
Water ℥ iij;
Glycerine ℥ j;
Salicylic acid..... gr. iv.
- ℞ Sol. of acetat. of ammonium.. ℥ j;
Salicylic acid..... gr. xvj.

—Medical Record.

Miscellany.

POT AU FEU.—These wise words are condensed from a Pennsylvania newspaper:

The *pot au feu* is an iron pot kept constantly simmering upon the fire, into which is put from day to day all the wholesome remnants of food which in this country are thrown away. Our people never stop to consider how much nutriment adheres even to well-picked bones of porter-house steaks, mutton-chops, ribs of beef, legs of mutton, etc. All these and many things besides are put into the *pot au feu*; water, seasoning, and fragrant herbs are added as required; and the constant simmering—a solvent for even the toughest of Texan beef—extracts every particle of marrow even, and the bones come out as clean and white as if they had been bleached in the sun. This explains how, as Hugh McCulloch tells us, the forty millions of France could live on what the forty millions of America throw away; and when we consider the wretched cookery that prevails in this country, it is not too much to affirm that they live twice as well as do our farmers and day-laborers.

Any thing but the execrable cookery that characterizes the greater number of the do-

mestic establishments of America, even in cases where the material is bountifully provided. A woman may pass through fifty or sixty years of married life, and will adopt every fashion, mode, and custom as it is introduced, and would feel very uncomfortable and unhappy if she could not do so; and yet during all that long period she will persevere in following the style and manner of cooking and baking that she learned from her mother. She will cheerfully discard the costumes and fashions of her mother, but without the least reflection will retain all her obsolete modes of cooking and baking.

Why is it that there are so many restaurants, dining-saloons, and "refectories" in the country where one individual spends daily as much as is appropriated to maintain a family of six or eight? Not because all men go there from choice, unqualified by other considerations, but because they are *compelled to make a choice* between the savory and orderly-served meals there and the unsavory and carelessly-served meals at home. No human being can be mentally and spiritually comfortable who is not so physically. We should as earnestly insist on properly-prepared, properly-served, and properly-timed meals as we do upon proper periods of labor and proper religious exercises. The manner, the time, and the quality of the meal should be the good housewife's *first* consideration, and every thing else should be subordinate to it; when, in point of fact, every thing else seems to be superior to it.

HOT-AIR furnaces, says Mr. Battershall, in the Sanitarian, appear to be the only practical means of household warming; and if furnaces having the least possible number of joints be used, and proper care is exercised in their management, are entirely free from deleterious sanitary effects. In regard to their advantages and defects, the following statements are supported alike by scientific and practical experience:

1. Furnaces formed of several castings bolted together are very liable to leak gas, owing to the unequal contraction and expansion of the metal by changes of temperature.

2. Cast-iron furnaces made of three pieces (fire-chamber, body, and radiator), each cast solid from the best quality of iron, if properly managed, do not permit the escape of gas; the pieces being firmly united in deep grooved joints, and these connections, which are lateral, are packed with fire-clay.

3. Carbonic acid can not permeate cast iron one half inch or more in thickness to any appreciable extent.

4. Air heated by cast-iron or wrought-iron furnaces is as pure when hot as when originally introduced into the furnace, provided that the latter is properly constructed and the supply of cold air well regulated. Doing a large amount of heating with small furnaces is the great cause of the overheating of the surfaces and the consequent generation of vitiated air.

5. In brick-lined fire-chambers the danger of overheating is lessened, but owing to the reduced radiating surface the power of the furnace is greatly decreased.

6. Cast and wrought iron exhibit when heated to redness the same behavior to gases (carbonic oxide), and are both liable to become overheated. In all cases large furnaces should be used to overcome this objection.

7. The construction of small, cheap, light-jointed furnaces, put up by inexperienced men, is but poor economy, and is the chief cause of the evil effects so often observed in our general heating apparatus.

8. A large proportion of the gas that frequently contaminates the air of our dwellings escapes from the furnace during the introduction of fuel. The smoke-pipe damper, which should be perforated and fit loosely in the pipe, should be opened and the lower furnace-door closed when coal is added; and at all times a pressure should exist from without inward on every part of the surface.—*Metal Worker.*

GASTRIC AND DUODENAL DIGESTION.—M. Th. Defresne has written a memoir on Gastric and Duodenal Digestion and upon the Action of Pancreatine (*Lancet*). The conclusions at which he has arrived are that the hydrochloric acid of the gastric juice is combined with an organic base which modifies its action and changes its properties. In order, therefore, to study peptic and pancreatic digestion, it is requisite to employ a solution of hydrochlorate of leucin prepared with the gastric mucous membrane. By this means peptic digestion may be compared with that which takes place in the stomach. It is not continuous or illimitable, but it can be filtered and the residue can be determined. The acidity of the mixed gastric juice, in the lapse of half an hour after ingestion, is no longer due to hydrochlorate of leucin, but to the presence of lactic, sarcocollactic, tartaric, malic, and other acids; and he best test of this reaction is pancreatine,

which, after having remained for two hours in pure gastric juice, has no sensible effect upon starch, but after commixture with the mixed gastric juice, and neutralization, will convert seven times its weight of starch into sugar. This difference in the nature of the acidity of the pure and of the mixed gastric juice is rendered more manifest still by artificial digestion of azotized food. If the albumen has been previously macerated in hydrochloric acid, pancreatine, after neutralization of the fluid, only peptonizes five grams of albumen; but if the albumen be macerated in water an artificial chyme is produced, and the pancreatine after neutralization can peptonize thirty-eight grams of albumen. Pancreatine consequently does not undergo any alteration in chyme, but recovers all its activity in the duodenum. One gram of this substance can digest simultaneously thirty-eight grams of albumen, seventy-five grams of starch, and eleven grams of lard.

LONDON FOGS DEGENERATING.—Those who remember the orthodox "London fog" of forty years ago (*Lancet*) can have only a modified idea of a "foggy" atmosphere by inhaling the fog of to-day. In the good old days before the "main-drainage system" the purification of the Thames by inclosing that once too-tardily-retiring river—when its muddy banks were slowly left to give off pestilent and murky vapors—the London fog was an institution. Let those who have no practical knowledge of the genuine imitation rejoice in their ignorance. Nevertheless the fog of to-day is a nuisance and may be a source of injury to health. Whether or not it is the coating of bituminous coal received by the particles of vapor floating in the atmosphere which irritates the air-passages, as alleged by Dr. Frankland, certainly fog is a serious, most grievous enemy to the delicate of lung or larynx. We suspect, without looking beyond the fact that vapor of the coldest and least respirable character is inhaled with the air we breathe in a fog, there is enough to account for the injury done to the delicate membrane of the air-passages. The effect must be much the same as if the unhappy mortal who tries to live in an atmosphere of fog were subjected to a perpetual administration of spray for some throat affection. The spray is not remedial or medicated, but simply a cold, damp application, persistently applied, and engendering disease by reducing the temperature of the lung-surface to a point below that consistent with vitality.

MEDICAL RECEPTIONS.—The old saw, that all work and no play helps to make the subject of that condition a dull boy, has a striking application to members of our profession. At best our calling is an exacting and tiresome one, and its followers need something to offset a more or less continuous mental strain. We are glad to see that the old notion that the physician must be different from other men is fast passing away. Upon the contrary, some of our best workers are those who seem to enjoy life the most. They are to be seen at the opera, the theater, the concert-hall, and at the fashionable receptions with a regularity that would surprise the man who says he never has time to do any thing but strictly professional business. The secret of the whole matter is that some amusement gives in the end a better capacity for real work when the latter is necessary. It is a promising sign that such amusements are beginning to be common among medical men. Medical receptions are becoming quite frequent, and their enjoyable character is likely to make them still more popular. Aside from showing honor to distinguished strangers, we know of no means better calculated to edify the man medical as a social being, and to give him a closer sympathy with his medical brother, than the receptions to which we allude. On such occasions the individuals meet on the common ground of enjoyable sociability, and lose sight of mere differences of opinion in a common desire to be happy themselves and agreeable to their companions. Already the receptions which have been recently held are beginning to bear good fruit, transforming apparent strangers into congenial associates, and in creating a better understanding with all as to the true relation which professional gentlemen should bear to each other. We have a slight suspicion that the expression, "the more the merrier" will not be considered original with us, but it is nevertheless applicable to the occasion.—*Med. Record.*

TRANSMISSION OF RABIES TO THE RABBIT. M. Maurice Reynaud has recently addressed an interesting note to the Académie des Sciences on the transmissibility of rabies from man to the rabbit. This he has accomplished by the direct inoculation of a rabbit with the saliva of a man bitten by a mad dog, and the animal infected gave it in turn to two other rabbits. An important fact was elicited in the course of the experiments, showing that the tissue of the salivary glands, and probably the saliva itself, preserved its viru-

lent properties for as long a period as thirty-six hours after death. . . . The important practical point on which M. Reynaud dwells is that rabid human saliva, since it can produce rabies in the rabbit, is clearly poisonous, and that in accordance with all analogy it might induce the same condition in other persons; and hence that great caution should be exercised, not only in avoiding any introduction of the poison into the body from an accidental bite of the person afflicted with rabies, but that any post-mortem wound in the autopsy of such patients should be carefully guarded against.—*Lancet.*

A CASE OF ABSENCE OF URINARY BLADDER—ONE OF NATURE'S MANY MISTAKES.—Dr. Thos. Oliver, in the *Lancet*, December 6th, after describing a case of congenital absence of the bladder in a woman fifty-three years old, and who died apparently of tubercular disease of the kidneys, concludes as follows: "This case is not unique. Cases of absence of bladder have already been published, but they are rare. In the article 'Bladder,' in Todd's *Cyclopaedia of Anatomy and Physiology*, to which my attention has been very kindly drawn by Prof. Allen Thomson, a few cases of the absence of this organ are recorded, in some of which the ureters either terminated in the urethra or were inserted into the rectum, while in others they communicated with the vagina. Of the first species the following are examples: 'Lieutaud mentions the case of a man, aged thirty-five, in whom the ureters, the capacity of which was much augmented, terminated immediately below the pubis, near the orifice of the urethra. Binninger describes the case of Abraham Clef, in whom there was no urinary bladder, and the ureters opened into the urethra.' Of the second species "we have in the seventh volume of the *Philosophical Transactions* the history given by Richardson of a lad who lived to the age of seventeen without ever having passed urine by the urethra, and who had still enjoyed good health. The only inconvenience he suffered was a consequence of the passage of the urine into the rectum, by which a troublesome diarrhea was kept up. Camper speaks of five similar cases, one of which was a female. Klein also speaks of a case. Of the third species cases are cited by Haller and Schrader.' There is also a case mentioned by Phillips of a female fetus in which the ureters opened through the abdominal parietes on each side of the pubic region in the form of little pouches."

THE LANCET ON SURGICAL ETHICS.—The recent success in ovariectomy, especially in the hands of Keith and Wells, is made the subject of a long article in our contemporary, the Scotsman, who can not generally be charged with want of taste. The achievement of Dr. Keith—seventy ovariectomies without a death—is one upon which not he alone, but surgery itself, must be congratulated. We have never opened our columns to any communication with greater pride and pleasure than to successive communications from Dr. Keith, reporting the rising rate of recoveries of successive batches of cases; but we gravely question perhaps the kindness, certainly the taste, of making such achievements the subject of articles in daily papers, and we are confident that in doing so we shall be strongly supported by Dr. Keith himself. . . . Every body feels it to be indelicate and inappropriate that newspapers should become the vehicles of such subjects. Medical men know further that the reason why so healthy and dignified a tone prevails in regard to the non-proclaiming of professional successes on the housetops and in newspapers is because the heads of the profession and the men who do the feats are the last to sanction such publicity.

HYSTERIA.—This is one of the most ancient terms in nosology. It has penetrated into every civilized language; it has passed into common parlance. Every body grumbles at it, and nobody can get rid of it. Even as regards the female it is wholly misleading, for hysteria is in its essence a cerebral disorder. As applied to men it is a grotesque misnomer. Looking to the etymology of the term, it is as absurd to speak of hysteria in a man as it would be to speak of orchitis in a woman. And yet there is a sense in which its use may be justified. The complaint is distinctively a feminine complaint; I mean feminine, not in the sense of gender, but having regard to the whole feminine character. When men betray hysterical symptoms they may emphatically be said to “play the woman;” and I know not whether—I commend the suggestion to evolutionists—the occurrence of hysteria in men is not as truly a “memory” of man’s hermaphrodite ancestor as the rudimentary nipples which adorn his breast.—*Dr. Roberts, in the Practitioner.*

REPEATING PRESCRIPTIONS.—A writer in the Canada Medical and Surgical Journal says: “I propose to the prescribing physi-

cians of Montreal that some understanding be arrived at with pharmacists regulating the repetition of prescriptions containing morphia, chloral, etc. For instance, a circular to the effect that pharmacists are politely requested not to repeat prescriptions containing certain drugs without an order from the prescriber would, I think, have the desired effect. It would extricate dispensers from a dilemma which frequently presents itself. . . . With regard to ordinary prescriptions, I think it would be injudicious to interfere, as I am quite certain neither physician nor pharmacist can prevent the public swallowing too much medicine. They will have it, either in the shape of a favorite prescription or patent nostrum.”

ANTISEPTIC SURGERY.—Mr. Spencer Wells, at the discussion upon antiseptic surgery at the Metropolitan Counties Branch of the British Medical Association, alluding to his own practice, urged that since he had followed Listerism the rate of mortality after ovariectomy had diminished to a far greater extent than could be accounted for simply by increased care and experience. He had lately had thirty-eight consecutive cases of ovariectomy and five of hysterectomy without a death; while of eighty-four cases treated antiseptically there were six deaths, as compared with twenty-one deaths in the last series of eighty-four treated without antiseptics.

HONORS FOR THE ZULU WAR.—We are glad to notice, says the Lancet, that the honorable distinction of “Companion of the Bath” has been conferred upon four medical officers of the army and navy for their services in the Zulu campaign; Deputy Surgeon-general James L. Holloway, Fleet-surgeon Norbury, Surgeon-major Caleb Sherar Wills, and Surgeon-major Charles M. Cuffe having been gazetted Saturday with other military officers. [Companion of the Bath is a good title for a medical knight.]

THE Boston Medical Journal, says the Detroit Lancet, has been comparing the preliminary examinations of the several medical colleges, and remarks: “It will be a matter of some surprise to many to find that Harvard’s standard is lower than that of any other of the above schools, and we may add that the method of conducting the examination is so lax as to make it of little, if any, value as a test of the applicant’s fitness to study a profession.”

THE DOCTOR'S FEE AND THE WAY OF THE WORLD.—Patient with severe colicky pains at 3 A. M. says to his doctor, "Save me, and I will give you a check for a thousand dollars." As patient is wealthy, doctor smiles "childlike and bland," and administers a hypodermic injection of morphine. Five minutes elapse, and the patient feels easier. "Keep it up, doctor, and I will give you a check for five hundred dollars." Five minutes more, and patient drowsily turns in his bed, smiles his thankfulness through his tears, and assures the doctor that he feels like giving him a "fif-ty-dol-lar bi-ll." The doctor calls the following day, finds his patient up and dressed, and ready to go to his business. "You see, doctor, I have got over my little attack without giving you much trouble, but be sure to send in your bill the first of the month."

When six months elapsed the doctor sent in a bill for three dollars. His grateful patient pressed him to cut it down to two. After so doing the doctor sued to get it, and the patient put in a stay of execution. Case still on.

The doctor has lost his faith in grateful humanity, has moved to Pine Ridge, on the Hudson, and is negotiating for a partnership with the "successful practitioner."—*Medical Record*.

Selections.

Poisoning by Chlorate of Potash.—It appears to be certain that this reputed "harmless" salt, says the *Medical Times and Gazette*, if given in the very large doses which have been lately recommended, especially in diphtheria, may produce poisonous and even fatal results. Dr. Jacobi, of New York (*New York Medical Record*), has met with a large number of cases among children in his clinic, in which the symptoms partly resembled those of acute nephritis; and Dr. Marchand has recently published four cases observed by himself (*Virchow's Archiv*), three of them fatal, and has found that the post-mortem appearances and the microscopic alterations of the blood coincided with those observed in animals experimentally poisoned with chlorate of potash. The ages of Dr. Marchand's patients ranged from three to seven years. They were treated for mild pharyngeal diphtheria and stomatitis, with doses of the salt amounting in one case to ten grams in less than twenty-four hours, in another to twelve grams in thirty-six hours, and in a third to twenty-five grams in thirty hours. The symptoms were vomiting, hematuria, a more or less icteric tint of skin, rapid wasting of flesh and strength, delirium, and coma. The urine contained quantities of disintegrated blood corpuscles. The blood itself was of a remarkable chocolate color, which did not alter on exposure to the air. The same color can be produced artificially by adding

chlorate of potash to blood and allowing it to stand for some hours. If the proportion of the salt be considerable the blood assumes a syrupy or even a gelatinous consistence; and under the microscope the red corpuscles are found to have acquired a peculiar glutinous character, so that they tend to agglomerate into masses. The spectroscope further shows that the lines characteristic of hemoglobin have been replaced by a distinct absorption-band in the red part of the spectrum, due to the conversion of the hemoglobin into *meth*-hemoglobin, an oxidation product of the former, discovered by Hoppe-Seyler. The poisonous effects of chlorate of potash are therefore in all probability the result of its oxidizing action on the red corpuscles. The *débris* of the latter are either excreted by the kidneys (in which case they color the urine brown), or they accumulate in the tubules of the renal cortex and cause death by suppressing the secretion of urine and producing a condition of "uremia." The kidneys themselves are enlarged and their surface is brown, but they exhibit no inflammatory appearances, the main alteration being the infarction of their tubules with corpuscular detritus. Dr. Marchand's paper is an important one, and it is clear from it that large doses of chlorate of potash are unsafe in childhood. Considering, however, what excellent results can be obtained, especially in stomatitis, by quite small doses of it, and how rarely any untoward result has occurred if the ordinary method of administration is adhered to, we can not agree with the writer that the use of this drug ought to be discontinued in treating children. It would be absurd to put aside so valuable a remedy because it does harm when abused. The same argument would apply equally to nearly every medicine in the Pharmacopeia.

Retention of a Farthing in the Stomach for Seven Months.—About three weeks ago a child, aged two and a half years, was brought here for enlarged strumous cervical glands. On inquiring into the history of the case the mother stated that about Christmas, 1878, she gave her purse to her child to play with. Shortly afterward she missed the farthing which the purse contained, and thinking the child might have swallowed it she gave it a dose of castor oil, by the advice of a medical man in the neighborhood. No ill effects followed, and for seven months nothing unusual was noticed. After this period the child was suddenly seized with coughing, vomiting ensued, and something was heard to tinkle in the utensil used. This proved to be the long-lost farthing, slightly eroded. This case illustrates how long a foreign body may remain in the stomach without passing into the intestines or causing any constitutional disturbance.—*J. R. Lunn, L. R. C. P. Lond., in Brit. Med. Journal*.

Hooping - Cough.—Dr. J. J. Caldwell's mode of treating this disease (*Brit. Med. Jour.*) is to place a steam atomizer in a position on a table before the patient, charged with the following mixture: \mathcal{R} Extracti belladonne fluidi, gtt. vi—xij; ammonii bromidi, \mathcal{J} j; potassii bromidi, \mathcal{J} ij; aque destillate, fl. \mathcal{Z} ij. This spray is rapidly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture. The applications are made morning, noon, and bedtime. This has, it is said, cut short the spasmodic cough within two or three days uniformly and almost to a certainty.

Asphyxia Caused by the Ascaris Lumbricoides.—Dr. C. Fürst, one of Prof. Billroth's assistants, Vienna, reports, in *Wiener Med. Woch.* (Medical Times and Gazette) the case of a little girl of four who was suddenly seized while in hospital with symptoms of asphyxia, the cause of which could not be discovered during life. In spite of tracheotomy and artificial respiration she quickly died. Two hours later a living female ascaris was found hanging out of her nostrils. Dr. Fürst had noticed, after performing tracheotomy, that a male catheter, which he used in his haste instead of a canula, met with resistance when first introduced; and that after he had withdrawn it and made a second attempt it passed easily to the bifurcation of the trachea. Probably therefore the ascaris had retired toward the upper part of the larynx between the two attempts to make the catheter enter the trachea, and still later it had wandered into the posterior nares. The autopsy revealed no other possible cause of death. A male ascaris was found in the jejunum. Dr. Fürst has collected eight other cases of the same kind, besides sixteen previously collected by Davaine, and has appended an analysis of their clinical history to his paper, of which the following is a *résumé*: The predisposing causes of entrance of the ascarides into the larynx are chiefly vomiting, fever (their activity, according to Kuchenmeister, being much intensified by a high temperature), purgatives, and long fasting. Children are more liable to this accident than adults. The symptoms are most often those of acute dyspnea and aphonia, ending in asphyxia and early death. Sometimes the worm passes the larynx completely and remains in the trachea or bronchi. Here death does not ensue for several days, but the patient remains aphonic, and indicates the front of the neck as the affected part. Ultimately bronchitis ends the scene. The diagnosis is difficult. We must exclude laryngitis, croup, diphtheria, spasm and edema of the glottis, and diseases of the lungs. We must make sure that a cold abscess has not burst into the larynx or pharynx, and that asphyxia is only due to a foreign body becoming lodged in the larynx, or pharynx. The only clew to the presence of an ascaris—all other foreign bodies being excluded—is the knowledge that the patient has previously suffered from these worms. If the asphyxia passes off and the patient complains of pain in the trachea the probabilities in favor of ascaris lumbricoides are increased. As to treatment, if the worm can not be felt or seen from the mouth emetics and expectorants may be tried. Tracheotomy has failed to save the children's lives in the three cases in which it has as yet been tried. Post-mortem examination generally reveals the offending worm in the place to which the symptoms pointed. It excites inflammation as a simple foreign body as well as by its movements and by a peculiar corrosive action which it exerts. If it lodges in a bronchus it may cause pneumonia in the neighboring lung-tissue. In the larynx the arytenoid cartilages suffer most, being in the direct line of passage of the worm from the esophagus. The appearances proper to death by suffocation and the presence of other ascarides in the intestines will further be detected.

Yaws.—We have been favored with the third report (Brit. Med. Jour.) of the medical superintendent of Yaws Hospitals, in the island of Dominica. In this report Dr. Alford Nicholls remarks that within the last few years the disease has attacked so many

of the families of the peasantry that considerable alarm has been felt among all classes throughout the island, a special yaws-tax imposed by the legislature testifying to the gravity of what has been there termed the "yaws question." The true nature of the disease known in the West Indies as yaws is still obscure. A French physician has described the affection as syphilitic, an opinion to which Dr. Nicholls is opposed. The characters of the disease are thus given: "At first the eruption appears as small papules with a somewhat broadened base, usually no larger than a pin's head and but slightly elevated above the surface of the skin. In a few days these papules enlarge and the epidermis cracks upon the summit, disclosing a small yellowish point which has been likened to a globule of pus. The growth of the young tubercle necessitates the pushing aside of the superficial layers of the skin, and this is accomplished by the epidermis splitting in lines radiating from the central prominence, the resulting segments curling away before the rapidly-increasing yaw. The mature eruption consists of a number of yellow scabs elevated above the surface of the skin flat or sometimes depressed at the top and rounded off from the edges to the base. . . . In size and shape the tubercles vary much. They may be as small as a split pea or they may attain to so great a size as to occupy nearly the whole of the cheek with an incrustated mass half an inch thick. Their shape is rarely irregular, a circular form being the most common, and next in point of frequency are ovoid or reniform masses. Sometimes they are found in a circle inclosing sound skin. At other times they form a ring round the mouth or anus, and in consequence of the greater moisture in these situations they do not become dark and dry, as when they develop elsewhere. When in the anal fissure they are almost moist, but when they exist round the mouth or at the orifice of the nostrils they dry in some places and remain soft in others." The nails are frequently affected. In some cases mercury works a cure, and in many the symptoms rapidly disappear under iodide of potassium; in all improved hygienic conditions are of the greatest benefit; facts that, taken with Dr. Nicholls's clear picture of the symptoms, will not be lost sight of by pathologists who incline to accept the syphilitic theory.

[The efficacy of mercury and iodide of potash certainly point to syphilis as the cause of yaws. Is this disease ever found in America? We have never encountered it South or North, in military, private, or hospital work.]

Diabetes Dependent upon Lesion of the Pancreas.—(*Gazette des Hôpitaux*): The disease is marked by its sudden onset, and from its inception it is manifested by grave intestinal troubles, rapidly followed by polydipsia, polyphagia, polyuria, and glycosuria. In a few months the patient becomes greatly emaciated, he loses successively his physical, intellectual, and virile powers, sinks gradually into a state of exhaustion, and finally presents the symptoms of pulmonary phthisis. The total duration of the disease varies from six months to three years, the average being about twenty months. In addition to the general treatment indicated in all forms of diabetes, we have in these cases to attack the primary lesion. Unfortunately our efforts in this direction are of but little avail, being confined to endeavors to supply the function of the pancreatic juice by increasing the action of the auxiliary organs and by the artificial digestion of the food.—*New York Med. Record.*

A Partial Review of Two Thousand Cases of Midwifery.—James Ayer, M. D., in Boston Medical and Surgical Journal:

The two thousand cases of midwifery which have occurred in my own practice commenced with the year 1839 and close with the present time. From my imperfect data a table has been prepared of obstetrical cases since 1859, or the last twenty years. Previously the annual number was greater:

Total number of cases from 1839 to 18792,000
Total number of cases from 1859 to 1879 900

SINCE 1859.

Total number of boys noted..... 187
Total number of girls noted..... 159
346

Still-born..... 42
Twins..... 3
Triplets..... 1
Acephalous infant..... 1
Intra-uterine amputation..... 1

PRESENTATIONS.

Face 3
Face and right arm 1
Shoulder..... 1
Arm..... 2
Breech..... 5
Foot..... 3
Placenta previa 1
Cord..... 2

INSTRUMENTAL.

Forceps..... 35
Craniotomy..... 2

COMPLICATIONS.

Adherent placenta..... 2
Hour-glass contraction 1
Puerperal convulsions 4
Puerperal mania..... 2
Puerperal peritonitis..... 3
Hemorrhage, general 2
Hemorrhage, ante-partum 2
Hemorrhage, post-partum.... 2

OF THE CHILD.

Cyanosis..... 2
Purpura hemorrhagica..... 2
Spina bifida..... 1
Imperforate ani..... 3
Double hare-lip, with cleft palate..... 2

ABNORMALITY.

Umbilical cord forty-five inches..... 1
Umbilical cord thirty-six inches 1
Umbilical cord eight inches..... 2
Hypertrophy of cord, excessive..... 1
Primipara forty-five years old..... 1
Seventeen years from last confinement..... 1
Many umbilical cords with single and double knots.

Successful Extraction of a Half-Penny Retained in the Esophagus Twenty-eight Days.

—This case is reported in the British Medical Journal by Hugh Thomas, M. R. C. S.: A lad, aged two, while playing with a half-penny accidentally swallowed it. He was at once taken to the nearest surgeon, who ordered a dose of castor oil, at the same time advising the parents to carefully watch the effects of the aperient. This, however, was not fol-

lowed by any good result. Becoming alarmed at the boy's condition, they consulted another medical man, who was of the opinion that the matter was best left alone. In the meanwhile he became gradually worse, losing flesh and experiencing some difficulty in swallowing. September 29th, twenty-eight days after the mishap, he was brought into hospital suffering from dysphagia and a short, dry cough, and always complained of a fixed pain at the lower portion of the sternum. When he was given some water to drink it could not be swallowed without an effort; solids he positively refused. Having satisfied myself that there were neither pulmonary nor cardiac complications, and gleaning from the history of the case that no operative measures had been resorted to, it occurred to me that the foreign body might still be impacted in the gullet. Accordingly a double probang was then introduced until the lower third of that canal was reached; here it was retarded by a somewhat resisting substance, but the difficulty was soon overcome, and the instrument reached the stomach forthwith. It was now expanded and slowly withdrawn, bringing up within its meshes the missing coin. The copper was much discolored, its surfaces assuming a brownish-black tinge and corroded in places. In a few minutes after the operation small quantities of frothy mucus tinged with blood were vomited; but the little patient was soon able to swallow all fluids and solids which were given to him. He came again four days later, when he could both eat and drink without difficulty, and, to use his own expression, "felt quite well."

Tuberculosis in Infants.—From a consideration of nine cases of tuberculosis in infants from ten weeks to ten months of age, including seven fatal cases with necropsies, Dr. Alois Epstein (*Prager Vierteljahrsschrift*) concludes that the presence of the disease in infants is in most cases due to infection with the milk of a tuberculous mother, and not to hereditary predisposition, as is usually supposed. Two of the children were the offspring of healthy mothers, but one was suckled by a phthisical wet-nurse. Seven were children of phthisical mothers. In one of the cases there were intestinal ulcers and cheesy infiltration of the mesenteric glands. The author remarks that the tuberculosis of infants and young children differs from that of adults in the great frequency with which the lymphatic glands, and especially the glands of the small intestines, are affected, and also in the comparative rarity of pulmonary disease in children. These facts appear to indicate that the starting-points of tuberculosis in children and in adults are different, and that while in adults and older children it is breathed in, it is sucked in by infants and young children.

Scarlatina.—The Boston Medical Journal says that the following propositions can be abundantly established, viz: 1. That during the prevalence of scarlatina there may occur cases of sore throat, both in those who have previously had scarlatina and in those who have not, and that this may be the only manifestation of the disease; 2. That these cases of sore throat without rash may communicate true scarlatina to others; 3. That scarlatina anginosa may be complicated by diphtheritic exudation; 4. That the period of incubation in many well-authenticated cases has not exceeded twenty-four to thirty-six hours; 5. That a patient in the first stages of disease is incapable of communicating it to another.

Henning on the Appearance of the Tongue in Disease.—From London Medical Record:

1. The elongated and pointed tongue invariably indicates irritation and determination of blood to the stomach and intestines. The extremities are often cold. It is also associated with excitation of the nerve centers. This tongue is often found, but more especially among children. The indications are to allay irritation and divert the blood from the stomach and bowels. We should be very careful how we make our prescription in such cases, as if we give an irritant cathartic it invariably aggravates the disease.

2. The pinched and shrunken tongue indicates atony of the digestive organs, often found in dyspepsia and kindred diseases. The treatment is plain, the pathological conditions being evident at a glance from the appearance of the tongue.

3. The coating (*saburra*) or fur should be well studied. It may be greater or less in thickness, dry or moist, or clammy, more accumulated at the posterior portion. It is said that when the tongue is heavily coated at the base with a deep yellow coat the liver is at fault. This is not always the case, and from my observation more often not the case. I have seen cases of jaundice with a white-coated tongue. Tobacco chewers nearly always have a yellow-coated tongue, and their liver may be sound.

4. The dry tongue has a very important significance. When we have patients who are suffering from some form of fever, pneumonia, or any other acute disease, with such a tongue, they are in danger and require close attention. In such cases nutrition and assimilation are suspended and food can not be taken, and if taken can not be properly assimilated. When given it should be in fluid form, and always above the temperature of 100°, and of a character nutritive and digestible. The digestive organs can do but little work, yet proper food given at proper intervals does good, but these organs need all the rest they can get until the disease is subdued. Dryness of the tongue is also associated with vascular excitement, and particularly with excitation of the ganglionic and nerve-centers. Hence the arrest of secretion and this dryness. Here we readily read the state of the nervous system. In many cases the sympathetic nerve is not only excited and irritated, but there is involuntary contraction of muscular tissue, thus suspending the secretions of the several organs. The indications are proper sedatives for the vascular excitement and diaphoretics for contractions or excitement of the nerves, associated with other proper treatment. By this course we shall soon see our patient with a moist tongue and some of the secretions re-established.

5. Often the tongue changes in the disease from the dryness above referred to to a brown or black color, with sordes about the teeth. The common idea is that the system is in a typhoid condition. This is true, yet it undoubtedly means also that the blood is in a septic condition—a very important fact for us to know. Then our best antiseptics should be given, with stimulants and tonics. Thus we can readily read, from the appearance of the tongue, the condition of the digestive organs, function of nutrition and assimilation, the condition of the nervous system, and the state of the blood. Of course we must take all other symptoms into consideration. Yet the appearances of the tongue as pointed out seldom fail in giving us at a glance valuable information as to the true condition of the system.

Lunar Caustic in the Treatment of Ophthalmia.—Dr. W. A. Macnaughton writes, in the Medical Press and Circular: "There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously-moistened integument above the affected eye, but when both are concerned I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude light from the eyes by means of a shade.

Soup.—Sir Henry Thompson, in the Nineteenth Century: Some regard it as calculated to diminish the digestive power, on the theory that so much fluid taken at first dilutes the gastric juices. But there appears to be no foundation for this belief; a clear soup or the fluid constitution of a *purée* disappears almost immediately after entering the stomach, being absorbed by the proper vessels, and in no way interferes with the gastric juice, which is stored in its appropriate cells ready for action. The habit of commencing dinner with soup has without doubt its origin in the fact that aliment in this fluid form—in fact ready digested—soon enters the blood and rapidly refreshes the hungry man, who after a considerable fast and much activity sits down with a sense of exhaustion to commence his principal meal. In two or three minutes after taking a plate of good warm *consommé* the feeling of exhaustion disappears and irritability gives way to the gradually rising sense of good-fellowship with the circle. Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small installment of ready-digested food and saves the short period of time which must be spent by the stomach in deriving some portion of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties.

Sclerotic Acid.—Speaking of this substance the Medical Times and Gazette says: It has the advantage of remaining indefinitely without loss of strength, if only kept in a dry place and undissolved. Its sodium salt Nikitin considers the best preparation for internal use in the human subject. Subcutaneous injection of either drug causes a "sharp biting" pain, which passes off in a few minutes. Von Ziemssen claims for sclerotic acid over ergotin that the former causes no inflammation at the seat of puncture.

Slight Perineal Lacerations.—Dr. Lyman read a paper lately before the Boston Society for Medical Improvement, from which the Boston Medical and Surgical Journal condenses thus: "Slight perineal lacerations are extremely frequent in women who have borne children, so much so that Schroeder estimated that they existed in over one third and Olshausen in over one fifth of all parous women. No laceration extending beyond the fourchette sufficiently to leave a recognizable cicatrix is unimportant, for no such lesion is without injurious effects in many ways. The more common results which may ensue, if enumerated somewhat in the order of their gravity, and more or less likely of course in proportion to the extent of the laceration, are, primarily, septicemia, and secondarily, sterility, cystocele, rectocele, and prolapsus, with derangements of the pelvic circulation, as endometritis, cervicitis, cystitis, and leucorrhea, imperfect coition, pruritus, vaginal flatus, and extensive reflex neuralgic irritation from the cicatrices. This formidable list might be extended without exceeding the reality. It is not meant that all, or many of them perhaps, occurred in every case, but in the majority of cases one or more of them were tolerably common. He urges that the perineum should be thoroughly inspected immediately after labor, and if any laceration be found, however slight, a sufficient number of sutures should be introduced to retain the edges in contact, exclude the lochial discharges, and allow the parts to heal by first intention, instead of by granulation with its necessary accompaniment of cicatricial induration.

Salicylate of Iron.—Dr. Walls White (Glasgow Medical Journal) prepares the salicylate of iron by dissolving together twenty-four grains sulphate of iron, thirty grains of salicylate of soda, and twenty grains acetate of soda in an ounce of water. The solution has at first a pale port-wine appearance, which darkens on exposure to the air; it has a pleasant taste, and each ounce contains thirty grains of salicylate of iron. Its primary action seems to be to promote secretion, stimulating the skin. It does not constipate the bowels, but rather corrects the alvine secretions. As a prophylactic against septicemia after surgical operations it is valuable. For diphtheria and the aphthous condition of the tongue in children in solutions containing four to ten grains to the ounce, combined with glycerine or with chlorate of potash, or both, it can be used with freedom as a mouth-wash and as a medicine. In erysipelas it may be given in doses of a tablespoonful, alone or combined with diaphoretics. It promotes perspiration, cleans the tongue, lowers the temperature, and reduces the pulse. It may be administered with freedom and in large quantities in cases of anemia without interfering with digestion. In skin diseases, also, and in desquamative nephritis, where the digestive organs have become weakened and a salt of iron is indicated, its powers are very marked. Salicylate of iron seems to combine the astringent powers of the iron, but in a minor degree to the sulphate or perchloride, with the antiseptic, antipyretic powers of the salicylic acid. If the preparation is long continued some of it passes out unchanged with the urine.

The Treatment of Impotence and Sterility by Electricity and Damiana.—Dr. J. J. Caldwell, the Obstetric Gazette, says that nearly all these cases are curable with electricity. The *constant battery* is used, the positive pole being applied to the spine,

and the negative run up and down in the direction of the spermatic cord. The sitting lasts from two to three minutes, and should be continued from two to four times a week, according to the severity of the case. In the female he recommends faradization of the womb for amenorrhea due to any cause whatever. The author makes no mention of damiana in the whole article, which is probably intended as a supplement to an article by the same author, printed June, 1878, in the St. Louis Medical and Surgical Journal, in which the doctor gives a number of cases treated with this drug (*Turnera aphrodisiaca*), which he states is "a tonic for the urino-genital organs and an alterative for the alimentary canal." The most of the cases reported were spermatorrhea, impotence, prostatic discharge, and amenorrhea. The treatment lasted from two months to one year, unsuccessful only in a few cases.

Vaseline in Gynecological Practice.—In the *Progrès Médical* of November 29th Dr. Sinéty calls attention to the value of this substance in place of fatty substances—glycerine, soap, etc.—for facilitating the introduction of the finger, speculum, or other instruments, and as an excipient for medicinal substances when applied to the os uteri. In place of using simple vaseline he prefers combining it with carbolic acid (one part to fifty of vaseline No. 1) in order to obtain disinfective properties when applying it to the finger, instruments, etc. Medicinally iodine, iodide of potassium, belladonna, etc. may be applied by its agency. —*Medical Times and Gazette.*

[Cosmoline will supersede the cerates commonly used in medical and surgical practice, when it becomes generally known to the profession. It never becomes rancid. Cerates do.]

Injury to the Ear.—A writer in the Lancet says: "The giving way of the membrana tympani is a very common occurrence in cases of catarrh, and I have seen the membrane ruptured by too forcible inflation with Politzer's apparatus during an attack of the same. As a rule such injuries heal rapidly without treatment in healthy persons, in whom the secretion within the cavity of the tympanum is non-purulent, and no loss of tissue or ultimate deafness results. When the tympanic cavity is full of fluid, and the eustachian tube is tumefied and occluded, the membrana tympani is doubtless subjected to considerable outward pressure, which seems soon to interfere with its due nutrition and renders it far more liable to rupture and ulcerative destruction. On the membrane giving way the patients usually find the hearing improved instead of its being made worse."

Morphia-Mania.—With respect to the proper treatment of this condition Dr. Levinstein is quoted (*Deutsche Med. Woch.*) to this effect: The proper practice in general is to at once leave off the morphia; yet in some cases occurring in sensitive persons it has to be continued in the customary doses for two or three days, and then gradually diminished. A curious fact deducible from the statistics of his cases is that of one hundred and ten cases occurring between the ages of twenty-one and sixty-five, of which number eighty-two were men, the surprisingly large contingent of thirty-two were medical men and eight medical men's wives. Among the relapses medical men occupied the first place, and after them came apothecaries.

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"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE MORPHOLOGY OF DISEASED BLOOD.

We propose to take a glance at a remarkable paper. Its title we have given above, and it appears in the March number of the Southern Clinic, to which it is contributed by Dr. Ephraim Cutter, of Boston. If we remember rightly, Dr. Cutter gave a lecture upon this same subject on one of the evenings of the Association meeting in Buffalo. We are obliged to bolster ourselves with this remembrance, for as we read the present paper we are somewhat inclined at first to think that perhaps we had better not say any thing about it—that the writer may be a little off, you know; have his spells, etc. But off or on, there is an earnestness and honesty about the paper which makes one read in spite of himself; and if he can not believe what he sees, he can at least enjoy for a few moments the fairy-land of doctors' hopes.

Dr. Cutter is a believer in the microscope. Nay, that is a mild way of putting it; rather the microscope is a believer in Dr. Cutter, and has opened up to him a world of knowledge. So also do the microscope and Dr. Cutter together believe in another chosen instrument, Dr. J. H. Salisbury, who it appears was the prime mover in the study of the morphology of diseased blood. Dr. Cutter is in fact only the faithful and sturdy backer, standing to him in pretty much the same relation as Ruskin did to Turner. Dr. Cutter has noted his sayings. Hear what he says of Salisbury and the revelations he makes—not all, but some:

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1. For six consecutive years he gave up all practice and devoted himself to original researches, working eighteen hours daily, making thousands of micrographic drawings, examining the spleen of one hundred different species of animals, where he collected the material for his remarkable paper on this subject.

2. He says, "Some do not know that I have studied for years every thing that I have brought out before I have done so." "Every point I assert I can prove." The writer testifies that Dr. Salisbury never attempted to demonstrate to him any point but that he did it.

7. June 18, 1877. This day showed me three ague plants taken from a patient in my presence.

SAYINGS.

11. Study Cooke on fungi.

13. I wonder flies do not communicate more disease.

16. Force is an agent of tremendous power.

20. Probably there are twenty species of plants that produce ague. They are found in the districts wherever earth is spaded up for any purpose. They develop best in sour soils. Sweeten with alkalis and you destroy the plants. There is less of ague in flushing than years ago.

21. Showed me a case of consumption nine months under treatment much improved; also one cured by him ten years ago.

It is the workers that have made this age. Let us pass to the review of the present work—the Microscopic Examination of Blood. The first nineteen pages of this octavo are occupied in pointing out "What to look for in Blood Examinations." In 1860 he began to look at blood with a view to determining positive pathological conditions. In eight years he had made 35,000 examinations. This is 4,375 annually; about fourteen per day. Certainly a small number for a man whose office was crowded for years with patients. He says: "It was my intention, before saying any thing publicly, to work quietly on, and spend much more time in labors so interesting to me, and that have aided me so much in treating disease; but a few learned gentlemen . . . have earnestly requested that they might be published for the benefit of others."

This is the stuff the man is made of; and now what is his belief and that of his fol-

lowers? That the blood is not only the life, but that its departure from health can already be noted throughout most of its ramifications, and in course of time all is to be revealed through the microscope. Typhoid fever, rheumatism, consumption, what not, and not only while they are present—the manifestations then are coarse indeed—but in the preëxisting state which leads to their development. Nor shall the work be for the expert alone, for with the microscope devised by Dr. Cutter “ten minutes of object-teaching is enough to start a physician in blood micrology.” Start him, and then the field of his observations shall simply be confined to these points; he shall examine the blood for the following conditions:

I. Macroscopic: 1, color; 2, consistence; 3, rapidity of clotting.

II. Red corpuscles are, 1, in normal proportion; 2, in excess; 3, in diminished quantity; 4, normal consistence; 5, too soft, plastic and sticky, adhering together and being drawn out in thread-like prolongations; 6, nummulated, like rolls of coin; 7, not nummulated; 8, evenly and loosely scattered over the field; 9, slightly grouped; 10, in irregular compact masses; 11, in ridges; 12, holding firmly the coloring matter, yet soft and plastic; 13, high colored, smooth and even in outline, hard and rigid; 14, allowing the coloring matter to escape readily, obscuring their outlines; 15, mammilated.

III. The white corpuscles are, 1, in normal proportion; 2, in too small quantity; 3, in excess; 4, normal in quantity, sticky and plastic, endangering the formation of thrombi and emboli; 5, ragged, broken down; 6, normal in consistence; 7, in excess and sticky; 8, in excess, ragged and broken; 9, in excess, smooth and even; 10, containing vacuity; 11, containing vegetations that distend them to enormous size.

IV. Foreign Matters: 1, minute grains and ragged masses of black, blue, brown, or yellow pigment; 2, fat; 3, amyloid matter; 4, broken-down parent cells; 5, thrombi of fibrin, filled or not with granular or crystalline matters; 6, thrombi of alge spores; 7, thrombi of alge filaments; 8, alge filaments and spores without exaggeration; 9, fungi spores; 10, fungi filaments; 11, oxalate of lime; 12, cystine; 13, phosphates; 14, stelline; 15, stellurine; 16, granules and crystals of a miscellaneous character; 17, conchoidine; 18, pigmentine; 19, cucine; 20, creatine; 21, uric acid and urates; 22, inosite; 23, zymotosis regularis spores; 24, do. mycelial fila-

ments; 25, entophyticus hematic spores; 26, do. mycelial filaments; 27, penicillum quadrifidum-spores and mycelial filaments; 28, do. of botrytis infestans.

V. Serum: 1, too little; 2, too much; 3, normal.

Fibrin: 4, too little; 5, too much; 6, normal; 7, fibrin meshes normal, allowing corpuscles to freely flow between them; 8, meshes too small to let the corpuscles freely to flow between them, whence the colored ones arrange in ropy rows, or masses and ridges, filaments increased in diameter and opacity; 9, serum may contain crystals of cholesterine.

Only these and nothing more; and to show how practical his researches will be, note this example:

“In all healthy blood the spores of the entophyticus hematicus and the zymotosis regularis are found in small quantity immediately after the escape of the blood from its vessels. . . . After healthy blood has stood for one to three days, 60°–75° F., the E. regularis is found in excess. The E. hematicus, also, but in less quantity.”

What could be more satisfactory?

Who shall gainsay Dr. Salisbury and Dr. Cutter? Some of us may smile at the simple faith which they express in their work. They declare, for instance, that if all were workers such as they, thousands of lives could be saved annually “by detecting (as they can do) the pretubercular stage of consumption alone.” Hundreds of very earnest workers will see nothing out of the way in such a statement, for it simply jumps with the fashion of the times. The germ-theorists and microscopists are having their day. What they believe can be done Dr. Cutter simply declares has been done; and if they don’t know how to do it, our advice to them would be to take their lenses on Boston at once and learn their business.

PROF. JOHN A. MURPHY, of Cincinnati, is the newly-elected president of the Ohio Medical Society, which is a pleasant fact to record.

HOW THEY FLATTER US.—The Medical Press and Circular says that all the medical journals of the United States could be well compressed into a unit.

DARKNESS which can be felt is now correlated by pulses which may be heard. That is what Dr. Richardson proposes to do with the sphygmophone, his own invention, he declares; but Hughes, Edison, and the Chinese have not yet been heard from on this point. The new instrument is a combination of the sphygmograph and telephone. "By extending the telephone-wires," says the *Lancet*, "the sounds can be conveyed long distances, so that a physician in his consulting-room might listen to the heart or pulse of a patient lying in bed a mile or so away." The ordinary language of the normal English pulse, says Dr. Richardson, is a repetition of the words "bother it." Probably the dicrotic variety will enunciate "No you do 'nt," and that of full fever, "Let her rip," referring perhaps to the use of the lancet.

The sphygmophone is no doubt a curious instrument, but its uses are hypothetical. The trouble is, we can't believe half we hear with our natural ears.

THE Medical Press and Circular, which is published in the three kingdoms of Dublin, Cork, and Tipperary, with an agency in London, gets slightly mixed in its geography and statistics of American journals. Speaking of our excellent contemporary, the *Herald*, it refers its locality to the State of Louisville, which it says contains a million and a half of people, twenty-five hundred doctors, and three medical journals. It is not far wrong in the gross population of the county—not state—but twenty-five hundred doctors and three journals only! What sort of doctor-mills does the M. P. and C. think we have to furnish such a handful as that with a March- and June-grinding? Know, our dear fellow, that Louisville has three schools and a fraction in perpetual operation, save a couple of months in July and August to cool off the machinery; that the *Herald* was its fifth journal, not the third; and that twenty-five hundred doctors form a mere clique in this neighborhood.

ON June 12th a farewell supper was given by Sister Anthony to Dr. Roberts Bartholow, at the Good Samaritan Hospital, upon the eve of his removal to Philadelphia. Around the board were the members of the Ohio Medical College faculty, of the board of trustees, and resident physicians. Dr. Whittaker presided at the table as the lieutenant of the good sister. Speeches were made by Drs. Dawson, Whittaker, Conner, Seeley, Ransohoff, Reamy, Forscheimer, Mr. Ball, and Dr. Bartholow. The affair reads well, and we doubt not it tasted better.

THE abomination of uncut journals from abroad—which was first done away with by the Medical Press and Circular, and then by the British Medical Journal—is still adhered to by the *Lancet* and the *Practitioner*. The result is that two probably excellent publications often go unexamined, or if they are looked into it is generally after a disfigurement which ends in destroying their existence. Paper-cutters, like umbrellas, are never at hand when wanted; and besides, the world has spun around too far to stand the nonsense in which these two old fogies persist.

WE call attention to the fact that this is the last number of the seventh volume of the *News*. These mile-stones along our path are gentle reminders—to us that we must do our best in improving the time; to our readers, who are our dear companions in the journey, that they will do their part to lessen the fatigues of the road. A word of cheer spoken does much to lessen the load, and payment of the toll greatly facilitates the way. Let us all do our part.

OUR readers will be glad with us to see that Dr. L. P. Yandell has reached London safely, is domiciled, and has commenced his promised letters. No. 1 is in this issue.

DR. TILBURY FOX, of London, is dead.

Original.

CONTRIBUTIONS FROM THE MICROSCOPICAL LABORATORY OF THE UNIVERSITY OF LOUISVILLE.

BY L. S. OPPENHEIMER, M. D.

Demonstrator of Microscopy, Histology, and Vivisections.

In sending out this initial publication of Laboratory Studies a brief prospectus is necessary. The experiments and microscopic preparations are all made by the members of the class. The present subjects were worked out by the spring class, under the supervision of the demonstrator. Most credit is due Mr. Ferguson for his faithful labors; mention also being due Messrs. Iseman and Dyer.

SYPHILIDES.

So much has been written upon Syphilides that the brevity of the following will be easily pardoned. Synopses must here serve in place of prolix descriptions.

In our examinations of the venereal ulcers we have come to the conclusion that the constitutional and non-constitutional sore may be clinically distinguished from one another by means of the microscope. This can not be done from their secretions nor their epithelium, but from sections of the skin, including the corium. A small piece of the skin is quickly clipped out with a pair of scissors (it is not very painful), and hardened for a week in a one-per-cent solution of bichrom. of potash, then microscopic sections made.

Indurated Chancre.—The induration is here due to the mass of densely-packed cells which are almost uniformly distributed from the epidermis to the subcutaneous structures, and infiltrating the deeper tissues as well. The walls of the blood-vessels are so thickened that their lumen is almost lost. In severe chancres of the prepuce the elongated papillæ resemble the filiform papillæ of the tongue. The cells are small, averaging about .0035 mm. in diameter, very granular, and are intensely colored by the *carmine* in picro-carmin staining.

Chancroids.—There are two varieties of the soft chancre, the syphilitic and the non-syphilitic. In both the corium is the principal seat of disease. In the first form the cells are similar in appearance and reaction to the above cells, but the infiltration does not extend deeply into the rete malpighii nor into the deep solid structures. In the chan-

croid, however, the cell is larger, averaging .0050 mm. in diameter, is not so granular as the other, and is colored by the *picric* in preference to the carmine; it is stained by carmine with great difficulty. These cells are arranged loosely in large meshes of spindle cells, whose spaces are filled with a serous, or lymphoid, fluid. This process seems to have been formed around the blood-vessels of the corium; these are found dilated, with thin walls, and surrounded for some distance by this loose infiltration of yellowish cells. Around the walls of the sebaceous glands the same cells are seen, but there is no infiltration into their parenchyma. The papillæ are sometimes enormously hypertrophied, and pushed apart, as will be seen by the one represented in the engraving, but the rete mucosa seems to limit the infiltration of new cells.

Papular Syphilide.—There is a strong resemblance between the secondary eruptions and the chancroids. The papula resembles the constitutional chancroid. The cells are the same and the dense character of the infiltration is the same. The deeper portions of the rete malpighii are infiltrated, only in a more modified form. In the drawing a section of skin from a papula is shown. The peculiar characters of the two eruptions may here be compared.

Macular Syphilide.—This eruption, although an evidence of syphilis, bears some resemblance to the local chancroid. There is but a slight infiltration of loose cells, and these are around the dilated blood-vessels of the corium; besides, these cells are very much like the yellowish cells of the local sore. The papillæ and subcutaneous issues, however, are normal, unless the case has lasted some time, when the former is found to be pigmented.

From the above it will be seen that we can not determine the local or general character of a venereal ulcer from the cell alone, but must take the general arrangement of the whole cutis into consideration, a thorough examination of which will dispel all doubts as to the diagnosis.

FATTY LIVER IN INFANTS.

The text-books on diseases of children are almost uniform in their conclusion that the liver is rarely affected as a consequence of diseases of the alimentary tract. In the post-mortems of infants dying in the second and third weeks of entero-colitis, not only has fatty degeneration of the liver been present as a rule, but also splenic enlargement

and congestion. To the unaided eye the liver looks almost normal; the microscope, however, reveals a fatty degeneration of the hepatic cells along the whole course of the portal vessels. This is not an infiltration, but a true fatty degeneration, preceded by the formation of an abnormal plasma in the hepatic cells which obscures completely the nuclei. The only exceptions are those cells immediately surrounding the intralobular veins; they, being the last to undergo pathological change, although more pigmented than the others, still give some evidence of containing a nucleus. Fig. 1 is a faithful drawing of a lobule magnified 100 diameters.

That fatty liver is of common occurrence is plainly shown in the statistics of the All Saints' Hospital, given by Frerichs in his admirable work on Diseases of the Liver.* The most frequent cause, as given here, is tubercular affections. In new-born infants with tubercular deposits fatty liver is present as a rule, and at times fatty heart and kidneys as well. In acute diseases of a general nature fatty liver reaches its highest grade. The most common cause, however, is continued debility, whether due to disease or to simple starvation. In the pale diarrhea of infants or in catarrhal diarrhea, fatty liver is frequently found.

Frerichs says, in his above-mentioned work, that when fatty liver is the result of a degeneration, the cells lose their secreting functions almost always after this retrograde development has terminated. There are many reasons for believing this to be the exception rather than the rule in those cases where it is due to acute or sub-acute diseases. In young dogs, five and six weeks old, killed by starvation, we found the liver pale and anemic. The microscope showed that the granular and coloring matter from the cells had been absorbed, leaving the nucleus sharply defined in each cell, and here and there globules of fat still remaining. The heart was pale and flabby, and showed fatty degeneration of the muscular fibers. Here there had been a fatty degeneration of the hepatic cells; nevertheless, so long as the nucleus exists, function is not destroyed. To one puppy, podophyllin, two centigrams, and elaterium, one centigram, were given daily for three days, in order to study the effects of intestinal irritation upon the liver. The puppy died on the fourth day from the toxic effects of the medicines. The liver-cells were only a trifle more granular than is

usual; the hepatic cyst was distended with mucous slightly tinged with bile; the duodenum was ulcerated in its lower half, and a number of red and greatly enlarged follicles were scattered over its surface; the contents of the intestines were almost colorless; the pyramids in the kidneys were markedly congested.

The latter observation, although negative for our purpose, at least gave us a lesson as to the physiological action of the drugs administered.

It is not considered necessary to add here the diagnosis, pathological importance, and treatment of fatty liver, as all the text-books on Practice describe these fully.

In conclusion, we will say that the microscope is now recognized as being a necessity for the rational diagnosis and prognosis of a host of diseases; and the time is fast approaching when lenses will be perfected at such cheap figures that every physician will consider a microscope as necessary to his equipment as his thermometer or his test-tube, and will carry all of them in a single pocket-case.

LOUISVILLE.

TRAUMATIC PERITONITIS DURING PREGNANCY—MISCARRIAGE—RECOVERY.

BY JAMES McEVOY, M.D.

June 4th Laura B., aged twenty-four, colored, mother of two children, fell over a tub, striking the lower part of her abdomen against its rim.

June 7th: I saw her three days after the accident, when she was suffering with intense pain referred to a point about two inches above the navel, and which was greatly increased by pressure. Her temperature was 100°; pulse 115; respirations 20; tongue dry, and later in the case brown and baked, with sordes upon gums. Noted she was pregnant, and learned that she was six months advanced. Digital examination discovered the os closed, vagina hot and dry, uterus completely anteflexed. There was retention of urine and no hemorrhage. Evacuated bladder with catheter and gave one fourth grain of morphine every two hours. Fomentations to abdomen.

June 8th: Patient resting comfortably. Temperature 102°; pulse 120; respirations 28. Morphine continued, with three grains quiniæ sulph. every three hours. Also gave directions for systematic feeding with milk

* Wm. Wood & Co.'s Library edition.

and whisky, which was kept up during the continuance of the case. There was no material change in the patient during the next four days, she resting comparatively easy during this time.

June 12th: Patient seized with severe pain over abdomen, which quickly became swollen and tympanitic. Intense vomiting. Temperature $103\frac{1}{2}^{\circ}$; pulse 135; respirations 35. Delirium; urine retained; os undilated and no hemorrhage. Used catheter. Increased morphine to one half grain every two hours until complete narcotism was established. Continued quinine. Turpentine stupes to abdomen.

June 13th: Temperature 104° ; pulse 140; respirations 40. Patient vomiting blood in large quantities. Severe pain, and tympanites increased. Bladder evacuated without catheter. Gave ergot and kino, and made attempt to pass a rectal tube. The tube was obstructed about four inches above anus by impacted feces. A mass about the size of adult fist was removed by fingers, when the tube was passed easily, drawing off a quantity of gas, to the great relief of patient.

June 15th: The hemorrhage from stomach had gradually subsided, and there was none on this day. Tympanites continues; os dilating and the membranes protruding. Fetus expelled, which lived twenty minutes. Very little uterine hemorrhage.

June 15th: Immense swelling over abdomen. Used rectal tube again without effect. Gave enemata of hot water, castor oil, and turpentine, which brought away a few small fecal concretions. During the day patient had several evacuations from her bowels, with much relief. Quinine and morphine continued, with teaspoonful doses of Parish's formula of turpentine every three or four hours.

June 17th: Patient resting, with but little pain; swelling subsiding; tympanites slight; temperature 102° ; pulse 122; respirations 21. Quinine, opium, and turpentine continued in diminished quantities.

June 18th: Patient had slept well the previous night. Temperature 101 ; pulse 99; respiration normal; the bowels had moved twice; the tongue was cleaning; no pain. Morphine left off.

The patient continued to improve, called for food on the 19th of June, and on June 21st was sitting up, with temperature and pulse normal. I then discharged the patient, leaving a tonic of quinine and iron to aid convalescence.

As may be inferred, this case gave me a

great deal of anxiety. During the two weeks in which I had it in charge I made some sixty-odd visits. I received much valuable assistance in its conduct from my friends, Drs. Galt, Orendorf, Brandeis, and Roberts, who from time to time very kindly lent me the aid not only of their counsel, but their presence. The prominent factor in recovery beyond the rest given by the opium I believe lay in the ability and willingness of the patient to take the whisky and milk which were offered to her. From first to last, and even under the most adverse nausea, she took this nourishment without complaint, and generally retained it well.

The case particularly illustrates a point well known in southern practice—the peculiar power of negro women to recover from the accidents and diseases of the parturient state.

LOUISVILLE.

ON THE DANGERS OF ERGOT AS AN OXYTOXIC.

BY A. G. BLINCOE, M. D.

[Read before the Marion County Medical Society.]

For some time past the conviction has been growing in my mind that many otherwise judicious practitioners are at fault in their manner of using ergot in labor; hence I have chosen as a title for this short paper I have the honor of reading this evening, *The Dangers of Ergot as an Oxytotoxic*.

It is well and generally known that its action on the uterus differs from the natural labor-pains, in the fact that the contraction which it produces is continuous; and it is mainly this powerful, uniform, and persistent action of the womb that renders its use during labor dangerous to both mother and child.

If the fetus is not expelled soon after the peculiar action of ergot is set up in full force, the mother is subjected to the risk of rupture of the womb—an accident said to be of not infrequent occurrence—or to injury of the soft parts from the continuous and prolonged pressure of the fetal head, to say nothing of other bad results following its use. But the principal danger to be apprehended from the untimely employment of this drug during the first or second stage of labor is the death of the child. Aside from any noxious influence it may exert on the fetus by absorption into its system, it is generally admitted that the strong and unremitting action of the womb following the

administration of ergot will, by interfering with the utero-placental circulation, seriously endanger the life of the child in a short time, and almost certainly cause its death if sufficiently prolonged.

The editors of the *Charleston Medical Journal and Review* for March, 1849, say that "after its exhibition the child is invariably stillborn, unless expelled within thirty minutes after its effect begins."

Having been extremely cautious in its use myself, I have but little of my own to offer in proof of its dangers, but will here give you some facts bearing on the subject from the experience of others.

Dr. William Moore, a veteran practitioner of obstetrics of the city of New York, says that "in every case in which he has seen it exhibited the child has been stillborn, and in the greater part of them it was not possible to restore life."

Mr. F. Chavasse, of Birmingham, states that in eighteen cases in which the ergot was used the children were stillborn."

Mr. Jukes, of Birmingham, states that "out of six cases in which he used it five of the children were stillborn."

Mr. P. H. Chavasse reports nine cases in which its use was followed by the birth of stillborn children, and in all before he administered the ergot "there was every indication of the children being alive."

I could add many more facts of a like kind, and could cite the opinion of several who from their own observation variously limit the time at which a child would be at all likely to be born alive, after the action of ergot, at from thirty minutes to one or two hours.

Among the more recent obstetrical authorities at my command, Schroeder says of ergot: "By the uniform contraction of the uterus, interrupted by no pause, the diffusion of gases at the placental insertion is impeded, and thus asphyxia is produced. Besides, the uniform tension of the uterus does not materially favor either the dilatation of the soft parts or the progress of the ovum, and therefore ergot is useless for the expulsion of the child." After speaking of its dangers, he says it may be given in cases where expulsion of the child is almost completed, "but must never be given at a time when labor can not be terminated at any given moment." He considers it "a valuable remedy in the after-birth period."

Playfair says: "If from any cause the exhibition of the doses be not followed by rapid delivery, a condition is produced

which is serious to the mother, and which experience has shown to be extremely perilous to the child." He thinks that in any case where ergot could be used with safety Crede's method of manual pressure could be more safely employed, on account of its so much more resembling the natural process and being so much more manageable. He says in regard to the method: "I believe it to be destined to entirely supersede the administration of ergot;" and further on, "I believe, therefore, that ergot should be chiefly used for the purpose of exciting uterine contraction after delivery, when its peculiar property of promoting tonic contraction is so valuable, and that it should rarely, if at all, be employed before the birth of the child."

With these facts in mind, you will not be unprepared to hear me say that, inasmuch as we have other resources that can be used with greater safety and as much, or even more efficacy, I think that as a rule ergot should never be given solely for the purpose of assisting or hastening delivery of the child. Certain cases of dead ovum or alarming hemorrhage might render its use admissible.

I have been accustomed to give it just a few minutes before I expected the birth of the child when I had reason to fear hemorrhage after delivery, and this I think, with rare exceptions, should be its only legitimate ante-partum use. In this capacity, and for securing contraction of the womb, thereby preventing or controlling hemorrhage during and after the third period of labor, I regard it as a most useful and reliable remedy.

The following case, the treatment and result of which in part suggested this paper, may not be uninteresting in this connection; it is simply a case of lingering labor, and presents nothing of much interest except as to the propriety of using ergot in its management: Mrs. —, age twenty-three years, was taken in labor with her first child about 6 o'clock P. M. on the 13th of April last. I saw her next morning and found the os slightly dilated, the vertex presenting, and soft parts rigid. Her pains had been regular, and continued so until the completion of her labor. About midnight, the 14th, on account of her great suffering and slow progress, her friends had another physician called in. The head at this time was still above the brim, the os about half or two thirds dilated, and the perineum still but little relaxed. To my surprise the consulting physician, a practitioner in good

standing, of perhaps twenty years experience, proposed to give ergot. I objected, as I considered its administration at this time and under the circumstances a very hazardous procedure. As bearing on this opinion I may mention here that Ramsbottom, who is as partial to the use of ergot as any author whom I have seen, says that we should generally make exception to its use in the case of a primipara. In fact I have seen no author who I think would have advised its use at this stage. After further consultation it was agreed to leave off the chloroform which I had been administering and give half a grain of morphine, to be followed by another dose of one fourth of a grain in an hour if necessary. The other physician called again at eight o'clock the next morning, when we found the os fully dilated and the head partially descended into the pelvic canal.

Certain unfavorable symptoms now appeared to render it advisable to bring the labor to a close as soon as consistent with safety; so after further urging I consented to give ergot, with the understanding that if the child was not born soon we would use the forceps. The pains after its administration seemed to bear so much resemblance to natural labor-pains that I suffered less uneasiness on account of the child than I should have done. So we let the labor proceed until the child was expelled still-born about noon, and all our efforts failed to revive it. I had distinctly heard the pulsations of the fetal heart a short time before giving the ergot, and am therefore easily led to the conclusion that the drug was the principal factor in causing its death.

As it is not the object of this paper to discuss the hemostatic and other useful therapeutic applications of ergot, I will simply say in conclusion that, aside from its dangers as an oxytocic, I consider it a most valuable medicine.

LEBANON, KY.

Correspondence.

LONDON LETTER.

My Dear Cowling:

It is a week this afternoon since I reached London. My time has been occupied in finding comfortable quarters, getting an outfit of London clothes, and in delivering letters, and in calling on old friends. As you know, comfortable quarters, at a reasonable

price, are difficult to find in London at this period, "the season;" and you also know that English clothes are a capital good investment for a stranger here, for as long as one is recognized as a foreigner, especially as an American, the cabmen and shopkeepers fleece him without mercy, knowing his probable ignorance of prices and his general greenness. Furthermore, you know what a letter of introduction means and what meeting old friends means—a dinner, always a dinner. Experience, gained in travel, has taught me that it is well to adopt the habits of the country you are visiting, and I fall into this dinner habit here with little difficulty. I wonder—I have always wondered—that people speak of English coldness and indifference. In the United States, and traveling abroad, and at home in England, I have ever found them the most *debonair* and thoroughbred of people. In their manners and in their hospitality they remind me of our own best people, who, by-the-way, are much alike, whether you find them in Kentucky or Connecticut, in the Carolinas or in Massachusetts.

I promised you to make some experiments and observations on sea-sickness during the voyage, and, as you no doubt expected, I failed to do so. The fact is that when I was sick, which was only a few days, I was too sick to try any thing, fearing it might make me worse, and when I was well I didn't need any thing. The passengers relied on the ship's doctor for aid, and as his income is chiefly from the alms of his patients, I could not think of volunteering my services. The pay of the ship's doctor is only forty dollars a month, and he relies upon the generosity of the passengers to swell his purse. It is a bad system, that of the steamships, charging passengers so much for a berth, giving the doctor and steward and stewardess and servants poor wages, and having them look to the passengers for presents, in the way of sovereigns or half sovereigns, to make up their pay.

Tilbury Fox is dead. Poor fellow! He was only in his forty-third year. About forty and about fifty seem dangerous periods for doctors who work with their brains. The mere mercenary, the tradesman of the profession, does not die early. With him the practice of his profession is no more exciting or wearing than the life of a milk-cart driver. Reading little, writing less, and thinking none; devoid of ambition, and intent only on getting business, there is nothing to wear him out. I knew Fox

well—I may say intimately. He was a splendid Englishman. Learned, polished, gentle, full of ambition and courage and generosity, and all those qualities that go to make the perfect man. His loss will be keenly felt by all who knew him professionally or socially, personally or through his contributions to medicine. For more than a year he has had poor health, and was in Paris on that account when his death occurred, suddenly and unexpectedly, a few days ago. He had suffered much from rheumatism, and it is probable that heart-disease carried him off. My first news of his death was gained at his front door. I called to renew the pleasant friendship formed with him a dozen years ago, and which has been kept up by letters since. When I presented my card and asked if he were in, the sad-faced servant, whose eyes were red with weeping, said: "O, sir, Dr. Tilbury Fox is dead. We've just had the news from Paris that he had died suddenly."

It is singular how busy death has been among my friends in London since I was here before. First, Francis Anstie, the noble and the lovable, died in the harness, aged about forty. Next Sir Charles Lyell, who was my father's friend, and who was very kind to me, passed away. Then Victor De Meric, a Frenchman, resident in London many years, and possessing the best qualities of his own and of his adopted countrymen, died under fifty. And then two friends in private life, to whom I was indebted for many courtesies, went down.

It has rained in London every day for a month, and the prospect for a change is not yet good. At an early day I hope to give you something medical; but as you see all the British journals weekly, and they publish all the medical news, I do not know what I shall find to write about.

Yours sincerely,

L. P. YANDELL.

SAVILE CLUB, LONDON, June 10, 1879.

To the Editors of the Louisville Medical News:

In the NEWS of June 7th there appeared some worthy lines, entitled "Nature's Anesthetic. In compliance with the wish of the writer of the article, I, as a sufferer also of *dental neuralgia* (strange coincidence!), tried his remedy, and now "report results." Not wishing to chop off my head, as the above-named writer was tempted to do, and reserving chloroform as a last resort, I re-

solved to try this self-manufactured anesthetic. I inspired all the air I possibly could, and after a while, fearing to deprive the immediate neighborhood of air, I ceased and commenced to blow. After getting as red in the face as an angry turkey-cock, and exceedingly dizzy, I stopped. The confounded pain, however, did not stop. Neither did I experience any of that delightful tickling sensation about my gums; but, on the contrary, the pain became worse, on account of the draughts of air, and I was now suffering as if I were not only "doubly," but quadruply, damned. Nevertheless, I tried it again—no results. Again—no go. Getting mad at the adviser of such a remedy, and wishing he had yielded to the temptation of chopping off his head, I used the chloroform, and in a few minutes was again ready graciously to forgive and to bless the writer of "Nature's Anesthesia."

P. K.

Pharmaceutical.

HOSPITAL QUININE.—The high price of sulphate of quinine has brought the other alkaloids of cinchona-bark into more extended use, especially the sulphate of cinchonidia. The result of the Madras experiments and their own experience have caused many practitioners to claim equal therapeutical value for quinine and cinchonidia, even when given in the same dose. It is also claimed that the separation of these two salts, and especially the bleaching or repeated crystallization of quinine, injures its medicinal value. For this reason Messrs. McKesson & Robbins offer "Hospital Quinine," an article which has been used for many years in some of our public institutions and large hospitals.

Messrs. McKesson & Robbins prepare this article, when manufacturing sulphate of quinine, by crystallizing from the mother waters before the process of bleaching, always testing the same and bringing the standard up to fully fifty per cent of sulphate quinia, the balance being sulphate cinchonidia and sulphate quinidia. As the cinchona is of less value, it is separated.

This salt is a more natural presentation of the virtues of the cinchona-bark, is more soluble than the sulphate of quinine, is not injured by the bleaching process, and will produce better results in similar doses. The price is much lower. McKesson & Robbins

offer pills of the hospital quinine of one fourth, one half, one, two, three, four, and five grains, also the salt itself.

THE attention of the profession is called to the Elixir of Calisaya and Phosphates prepared by Mr. John Colgan, of this city. Its taste is as pleasant and it has all the efficacy of the foreign elixir of same name which is having a run as a superior tonic and alterative.

Miscellany.

METALLOTHERAPY.—The marvels of metallotherapy will never cease. Dr. Dupuy relates, in a recent number of the *Gazette Obstétricale*, a case of retention of urine, in which he made a successful application of metallotherapy. The case was that of a hysterical woman, aged forty, who had been treated for several years for permanent and painful spasm of the neck of the bladder, accompanied by a little metritis and accentuated hyperesthesia of the left ovary. For the last year she had retention of urine, which necessitated a five months' daily catheterization. She at last was relieved of this by antispasmodic treatment and by the employment of suppositories of belladonna. The cure was continuous until the month of last November; then retention reappeared, more painful and more persistent than before. The introduction of the sound provoked a spasm of the muscles of the urethra, and immediately awoke in the patient a sensation of heat and violent pain, frequently provoking an attack of convulsion with loss of consciousness. The patient had arrived at such a point as to have so much horror of the catheterization as not to drink, and to endure the torture of thirst for two or three days at a time in order to put off the moment when the use of the sound would become indispensable. Things were at this pass when, after having exhausted all the series of antispasmodics, M. Dupuy had the idea of having recourse to metallotherapy in order to discover the metal suitable to the patient, who was at this time suffering from convulsive spasms of the limbs. He ascertained that gold, when applied to the skin, increased the convulsions, while other metals, such as copper, steel, and silver, made them disappear immediately. M. Dupuy then applied over the vesical region and round the upper part of the thighs the met-

allic bracelets of Dr. Burq, and an hour afterward the patient passed urine abundantly and without pain. From that moment the catheter was no longer called for; when the urine did not pass, the armatures were applied, and micturition occurred naturally, although sometimes with pain. The ovarian hyperesthesia had also disappeared, and the patient could swallow more easily, thanks always to the metallic bracelets.—*British Medical Journal*.

THE INDIAN CHINCHONA PLANTATIONS.—The plantations in Bengal are situated, the older portion at Rungbee, Rishap, and Mungpool, in the valley of the Runjo; and the newer on the Sittong spur and the adjoining valley of the Ryang. It appears that the plantations have been increased in area. The crop from the older portion during the past year was 344,225 pounds of the dry bark; the Sittong plantation is too young to yield a crop. The bark was confined to the red (*Chinchona succirubra*) and gray species. The propagation of the most valuable species, the yellow-bark tree (*Chinchona calisaya*), has been slow, owing to the difficulty of raising the best variety by seed. A number of trees of a hybrid variety, yielding excellent bark, have been planted out. The harvest of bark during the past year was 344,225 pounds, against 207,781 pounds in 1876-77 and 211,391 in 1875-6. The process of harvesting chiefly employed is that of uprooting, by which 176,625 pounds of red bark were taken in the year under review; and by coppicing, 67,161 pounds; and thinning, 97,274 pounds.

STATISTICS OF UTERINE FIBROID TUMOR.—Dr. Orum, in Howitz's *Gynäkol. Meddelelser*, says that fibromata of the uterus have been found in 53 out of 1002 bodies of females examined post mortem in the Communal Hospital of Copenhagen. The state of the uterus was noted in all the cases. No fibromata were found before the tenth year. In women above twenty years of age they were found in 7.75 per cent, and in women above forty in 9.5 per cent. The tumors were in 28 cases single, in 9 double, and in 16 cases there were several in the same individual. In more than half the cases (28) they were small—as large as a nut. In 19 cases they were interstitial, in 13 subserous, in 5 submucous, and in 8 various forms were found. Fibrocystic degeneration was present in one case. In one case the fibroma gave rise to fatal peritonitis.—*British Medical Journal*.

OUTDOOR MATERNITY CHARITIES, the establishment and support of which offer the most advantageous employment to thousands of women who are clamoring for useful work, might be made powerful engines for the promotion of public health and sanitary progress. Not only may a maternity charity save a large proportion of lives and suffering due to the neglect and mistreatment of women in their hour of need, but, properly directed, may exercise a powerful influence in reducing the excessive rate of infant mortality due to the mismanagement of infants. General puerperal and infant mortality are more intimately connected with the case of outdoor maternity charities *versus* lying-in hospitals than is perhaps commonly admitted.—*London Lancet*.

ANESTHESIA IN OVARIOTOMY.—In October, 1846, sulphuric ether, or letheon, as then called, was first employed as a pain destroyer in a surgical operation by Dr. Warren, of Boston. Only one operation of ovariectomy in this country was performed during this year, which was by Dr. John L. Atlee, before the date above given. In 1847 Dr. Robert Thompson performed the only operation for that year; but no mention is made of the fact that letheon was employed. Both operations unsuccessful. In November, 1847, Prof. Simpson, of Edinburgh, employed for the first time chloroform as an anesthetic. On March 15, 1848, Dr. Clay, of Manchester, Eng., performed his first ovariectomy under the influence of chloroform; successful. On March 21st, six days afterward, Mr. H. G. Potter, of Newcastle, performed a similar operation under the influence of chloroform; unsuccessful. On April 6th, sixteen days later, Dr. Henry Miller, of Louisville, Ky., performed in that city ovariectomy under the influence of chloroform, upon a woman from the state of Indiana; successful—second case in the world under anesthesia. During this year there were three other ovariectomies performed in this country, though they were after Dr. Miller's. Only one of the three successful.

Kentucky, therefore, in weaving her chaplet of laurels from the justly great operation inaugurated by the bold and fearless hand of McDowell, might have added to it also the name of Prof. Henry Miller, who, to say the least of him, was among the ablest contributors to the revival of the operation, and as such his memory is deserving of the highest recognition. The teachings of this able

and good man still have a strong hold on the affections of his numerous pupils scattered throughout our broad country; and, as one of the number, I insist upon his claim to originality and superior judgment, as being the first to employ in his own country anesthesia in the operation of ovariectomy.

The writer, at the time of Prof. Miller's operation, was a private pupil of Dr. Gross, and had been in the habit, almost daily, of administering for him chloroform in his operations, and it was from this circumstance that Prof. Miller invited him to give the anesthetic to the patient in question, to which incident in the American history of ovariectomy he refers here with no little pride.—*Nathan Bozeman, in N. Y. Medical Record*.

SEASONABLE.—Prompt renewals of subscriptions are in order.—*Cincinnati Lancet and Clinic*.

Selections.

Treatment of Epilepsy.—A. McLane Hamilton, M. D., in the New York Medical Record, says:

I would recommend, in the first place, a most careful observance of those hygienic rules which are of so much importance, and influence to such an extent the progress of all the neuroses; and, in the second place, would suggest the use of two or three remedies which seem to possess great virtue in this disease.

The bromides have received deserved popularity, and if used within proper limits, and in combination, will sometimes cure cases of moderate duration, especially if the case is uncomplicated and is not the result of traumatism.

I am in favor of combining bromide of sodium with bromide of ammonium, equal parts of each, and of administering sixty grains of the combined salts together with thirty grains of hydrate of chloral daily. The doses should be divided so that the largest may be given a short time before the fit is likely to occur; that is, if any regularity in the occurrence of the convulsions can be distinguished. Of course this quantity may be increased if occasion requires. In other cases the bromides given in combination with bicarbonate of potash and some simple bitter tonic, as recommended by Brown-Séquard, will produce wonderful results. These remedies are especially serviceable in the nocturnal forms of the disease, and, in fact, are to be commended in the treatment of attacks of an irregular character.

I will caution you against giving the bromides with the mere idea of exhausting, as it were, or stamping out the disease. It is of the utmost importance to combine with them cod-liver oil or some other fat-making material which improves the nutrition of the nervous substance. It has been my good fortune in many instances, where the bromides have been given in excessive doses (even to the point of producing full bromism, and yet without producing any

apparent effect upon the disease), not only to materially diminish the number of seizures by reducing the quantity of bromides administered—and giving cod-liver oil, cream, extract of malt, or linseed oil—but to decidedly improve the general health of the patient.

Should the cases, in which we have satisfied ourselves that there is no exciting cause to be removed, resist this plan of treatment, we may resort to the use of the actual cautery, or apply repeated blisters to the back of the neck. But in many cases even these remedies do but temporary good, and the result of our treatment must be discouraging.

From recent trials it would seem that curare is indicated in these obstinate cases, and a standard solution, acidulated with dilute hydrochloric acid, may be hypodermically injected every fifth day in doses of one third of a grain until five or six doses are given. In the lighter forms of the disease the use of the fluid extract of ergot in dram doses, three times a day, alternated with tincture of belladonna in five-drop doses and gradually increased in quantity, afford very satisfactory results when the bromides are apparently inert.

Cannabis indica has also been recommended and successfully used by Sinkler, of Philadelphia.

If the disease has appeared in a patient over twenty years of age, especially when the characteristics of the disease are such as I have described when speaking of syphilis as a cause, we may use the combined iodide and bromide treatment, or, better still, the bichloride of mercury. One secret of success in the management of this form of the disease, and, in fact, nervous syphilis in general, is to push the administration of the iodides as far as we can safely go, and this must be done rapidly. Whatever you do in the treatment of this discouraging affection, be consistent and methodical. It is extremely injudicious to make changes and try new combinations when the patients are doing apparently well, or even some time when no change follows, or to relax your vigilance over the invalid's personal habits. For epilepsy is essentially a disease, as I believe, in which there is a habit, if it may be so called. In many cases, in fact in a large proportion of all, there is a regular recurrence of the fit; and every day gained after the time when the attack usually occurs is to the patient's advantage, and helps to break up the tendency to regularity.

Treatment of Obstinate Vomiting by Small Doses of Iodide of Potassium.—Having noticed in the Record of March 15th, under the above heading, an article taken from a statement made by Dr. Fornica Corsi in the "Gazette Obstetricale," and having a patient suffering from obstinate and intractable vomiting arising from spinal inflammation, and having exhausted all the remedies ordinarily employed as anti-emetics, without the least amelioration in the symptoms, I determined to try the iodide in the minute doses recommended by Dr. Corsi. The vomiting had occurred immediately after taking food of any description, quantity and quality making no apparent difference. Vomiting occurred with very little effort, nausea persisting for only a short time after the contents of the stomach had been entirely rejected. This state of things had existed for at least two months, in which time she had retained only an occasional mouthful of food. After the use of injections of beef tea and egg for several days, during which time nothing but a little drink was

allowed by the stomach, one or two meals were retained, but the vomiting commenced again, and continued up to the time of the administration of the iodide. I gave it in solution, in doses of $\frac{1}{8}$ grain; repeated every hour and a half; and since then—now fourteen days—she has retained every thing she has taken, excepting one or two meals, when she had omitted the drug for a few doses, at my request, as a test.—*George Huntington, M. D., in Medical Record.*

The Treatment of Indolent Ulcers by Means of Sheet Lead.—A good deal of attention has been attracted during the past year to the American treatment of indolent ulcers by means of Dr. Martin's India-rubber bandages, and the reports received on all sides as to the value of this method are eminently satisfactory. I would, however, urgently request that a trial be given to the system which I was in the habit of adopting in all such cases at St. Bartholomew's Hospital, Chatham, some thirteen years ago, viz. the application of sheet lead, molded to the shape of the leg and kept on by an ordinary calico bandage. The size of the lead should be sufficient to cover the ulcer completely and lap it a little over the whole skin; the edges and angles should be well rounded, so as not to chafe or irritate; it should be about an eighth of an inch in thickness, and molded very accurately to the shape of the leg, so as to allow of no indent being apparent on the surface. After it has been carefully fitted, the leg should be bandaged from the toes upward, and all that then need to be done is to uncover the ulcer night and morning and allow some water from a sponge to trickle over it. The granulations should never be touched with the sponge itself. I believe that the rationale of this treatment is pressure, the same as in the case of the elastic bandage, though there may be also some action produced by the secretions upon the lead, as is said to take place when the lead nipple-shields are used. The great advantages of the system proposed are simplicity and cheapness, though, as regards the former, I think it must yield the palm to the elastic bandage. It would appear that in some parts of Africa the natives use sheet copper, and with some success, but I can not say I have ever tried it myself.—*F. P. Atkinson, M. D., in London Practitioner.*

Poisoning by Iodoform.—Not much is at present known of the toxic effects of iodoform, and considerable interest therefore attaches to two cases which have been published by Oberlander. The maximum dose given was .8 gram daily in a pill. The symptoms of poisoning occurred in one case (a woman twenty-six years of age) after forty-two grams of iodoform had been taken in eighty days; in the other case (a woman sixty-nine years of age) after five grams had been taken in the course of seven days. The symptoms produced were giddiness, vomiting, and deep sleep, from which the patient could be roused with difficulty. This somnolence was interrupted by periods of excitement, each lasting several hours, and was followed by delirium, intense headache, sense of impending death, spasmodic contractions of the facial muscles, and, in the case of the younger patient, diplopia. The functions of the other sensory organs were not disturbed, and the pupils presented a normal reaction. Deep inspirations alternated with apnea of about a minute's duration. After five or six days the toxic symptoms gradually lessened and passed away.—*London Lancet.*

